

# VASHON MAURY COOPERATIVE PRESCHOOL

Where families grow and learn together

## VOLUNTARY DRIVER AUTOMOBILE NOTICE FORM

To be completed by all drivers/owners of vehicles used to transport students to or from activities sponsored by the Coop Preschool. The form will remain in effect the entire length of the school year. Please advise of any changes in insurance coverage during the school year.

### Acknowledgement:

As a volunteer driver, I understand that the liability insurance on my vehicle is primary insurance and in the event of an accident, my insurance will respond to any injuries or damage. To the extent that I am legally obligated to pay I also agree to hold harmless the Parent Education Cooperative, its board members, employees, and staff from any and all claims, liabilities, damages or expenses (including defense costs) arising directly or indirectly from the maintenance, ownership or use of my vehicle.

Drivers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cooperative Name: \_\_\_\_\_

## INSURANCE INFORMATION

Name of Automobile Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Limit of Insurance: Bodily Injury: \$ \_\_\_\_\_

Per Person: \_\_\_\_\_

Limit of Insurance: Bodily Injury: \$ \_\_\_\_\_

Per Accident: \_\_\_\_\_

Limit of Insurance: Property Damage: \$ \_\_\_\_\_

Per Accident: \_\_\_\_\_

Limit of Insurance: Combined Single Limit: \$ \_\_\_\_\_

*This form is for Preschool use only.*

*Revised May 2006*