



**Bronson Community Schools
Certification Vehicle Insurance**

B-32

This form is to be completed by the owner of any non-school vehicle that will be used to transport students to a school-sponsored events. The form must be completed and approved prior to the event(s). The Business Office must retain the Original. A copy will be sent to the school staff member in charge of the activity.

***All drivers transporting in their own vehicle must be 25 years of age or a Bronson Community Schools staff member.**

I, _____, have read and understand all of the rules listed below:

1. All vehicle occupants will wear seat belts at all times.
2. I understand that all traffic laws must be obeyed and adhered to.
3. Students will not be left unattended in the vehicle with keys in the ignition.
4. I am the only person authorized to drive the vehicle to/from the event listed below.
5. **In the case of an accident, personal liability will be billed to your personal insurance.**
6. Smoking or vaping is not permitted in the vehicle.

School Event(s) & Location(s) _____

Date of Event(s) _____

Vehicle Make _____ Vehicle Model _____ Vehicle Year _____

_____ I understand that I must provide a current copy of my Auto Insurance Proof of Insurance & Declarations Page to the business office to verify my coverage.

_____ I understand that a current copy of my driver's license will be kept on file and my driving record will be accessed through the Secretary of State website.

_____ I understand that the Superintendent has the right to deny my ability to transport students to school-sponsored event(s), based on my driving record and/or any violation of the above rules.

Signature

Date

Athletic Director Signature

Date

Form must be completed annually by drivers

Office Use Only:

_____ Driver already approved to drive a school van (*additional driving record check not required*)

_____ Staff Member _____ Non-Staff Member _____ ICHAT Complete (non-staff only)

_____ Copy of Driver's License _____ Driving Record Obtained

_____ Copy of Proof of Insurance (with full PIP) _____ Approved _____ Denied

Signature

Date