



**CAPISTRANO UNIFIED SCHOOL DISTRICT**  
 32972 Calle Perfecto  
 San Juan Capistrano, California 92675  
 Administration Division

**VOLUNTEER DRIVERS - VEHICLE AND INSURANCE COVERAGE DATA QUESTIONNAIRE**  
 (ANY PRIVATE VEHICLE TRANSPORTING STUDENTS)

**Volunteer Drivers Must Be Over 18 Years of Age**

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Insurance Carrier (Local Agent and Firm Name) \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Liability Coverage:

Yes  No

Required Minimums

Primary Liability Coverage:

Bodily Injury \$100,000/\$300,000/or  
 Single Limit \$300,000CSL  
 Property Damage \$ 25,000  
 Uninsured Motorist \$ 30,000 per accident

Your Coverage:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Have you received any citations for moving violations during the past two (2) years? Yes  No   
 If yes, please explain giving the date, nature, and disposition of each citation. \_\_\_\_\_  
 \_\_\_\_\_

NOTE: THE DISTRICT RESERVES THE RIGHT TO REQUIRE A VOLUNTEER DRIVER TO PROVIDE A COPY OF HIS/HER DRIVING RECORD.

2. Is your automobile in good mechanical condition? Yes  No   
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

3. Has your driver's license ever been suspended or revoked? Yes  No   
 If yes, please give complete details of each suspension or revocation, including the date upon which your driving privileges were restored. \_\_\_\_\_  
 \_\_\_\_\_

4. Please attach a copy of your current Declaration of Coverage.

<b>FOR SCHOOL USE ONLY:</b>	
_____ School Name	_____ Administrator's Signature