



Wildwood Christian Academy  
**Insurance Verification Form**

For Office Use Only Date Received: _____ Verified By: _____
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**& Volunteer Transportation Agreement**

The following information is required to be submitted to, and approved by, Wildwood Christian Academy prior to driving on their behalf:

- Copy of valid driver's license
- Copy of current insurance ID card showing effective dates of coverage
- Copy of Insurance Declaration page showing limits of insurance

MINIMUM ACCEPTABLE LIMITS

Bodily Injury	\$100,000 per person/\$300,000 per accident
Property Damage	\$100,000 per accident
or Combined Single Limit BI/PD	\$300,000
Medical Payments	\$5,000
Uninsured Motorist	\$30,000 per person/\$60,000 per accident

Before signing, please note that in accordance with California State Law, the insurance provided by the registered owner of the vehicle is considered primary insurance. Any insurance carried by the organization that may be applicable is secondary.

- I volunteer to drive my personal vehicle to provide transportation for Wildwood Christian Academy field trips and off-campus activities during the **2015-2016 school year**.
- I will be responsible for any comprehensive or collision losses or damage suffered or caused by my automobile while transporting students this school year.
- I shall obey the traffic laws, including the requirement that all passengers use the lap belt and shoulder harness while the vehicle is in transit. If children under the age of eight years or weighing less than 80 pounds are being transported, then an approved car seat shall be used.
- I am not aware of any defect or mechanical problem with the vehicle that might pose a safety problem.

**I have read the above and I understand and agree with the above listed requirements. I have attached a copy of my driver's license, insurance ID card, and insurance declaration page to this form.**

\_\_\_\_\_  
Name (Please Print) (     )  
Cell Phone #

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Vehicle License Plate # Year Make Model Color