



Valley Christian High School  
6900 W. Galveston Chandler, AZ 85226 480.705.8888



Brotherhood Mutual  
Insurance Company

Name of Insured: Valley Christian High School    Policy Number: 02APA237318    Current Date:

### DRIVER INFORMATION FOR AUTHORIZATION TO DRIVE

Driver's First Name: \_\_\_\_\_ Driver's Last Name: \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_    Sex: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_    Is this a Commercial Driver's License (CDL)?: \_\_\_\_\_

Vehicle(s) Driven:     Personal Vehicle     Van     Bus

(Must be 21 years of age to drive a van; must have a CDL and be 25 years of age to drive a bus)

Indicate if Primary Driver\*: \_\_\_\_\_

You are the "Primary Driver" if you drive a vehicle for Valley Christian High School more than four times per month.

#### During the past three (3) years:

- 1. Have you been involved in any accidents? \_\_\_\_\_
- 2. Were you at fault? \_\_\_\_\_
- 3. Had any moving traffic violations? \_\_\_\_\_
- 4. Had any company cancel or refuse to provide you auto insurance? \_\_\_\_\_
- 5. Had your driver's license revoked, suspended or restricted? \_\_\_\_\_
- 6. Had any physical impairment other than corrective glasses? \_\_\_\_\_

If any question(s) 1-6 have been answered "Yes", please provide full details below: (dates, descriptions, or other explanation)

Note: Driver may not be eligible if 1-6 are answered "Yes".

#### LIABILITY DISCLOSURE STATEMENT

I understand that as a volunteer, when I drive my personal vehicle on school business or for a school activity, my personal auto insurance will be primary to that carried by Valley Christian High School. I agree to maintain insurance for my own vehicle(s) at all times.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date