



Valley Christian Schools
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: 2019-20

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