



Scottsdale Christian Academy Vehicle Insurance DRIVER INFORMATION

NO TEXTING ALLOWED WHILE DRIVING

Policy Number 02APA247330

Use black ink and print clearly. Form must be legible.

OFFICE USE:
Submitted to Insurance:

Driver: New Updated **Today's Date:** _____ **Date of Event:** _____
Purpose driving: _____ **Teacher/Class:** _____

SECTION 1: Please complete all driver information fields.

Driver Name: _____ **Sex:** M F
Must be exactly as on driver's license. Please print clearly. Must be legible.

Birth Date: ____ / ____ / ____ **Driver's License No.:** _____ **Exp. Date:** _____

State: _____ **Out of State D/L?** Yes No **Why?** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone:** _____

SECTION 2: Please complete all driver history questions for the past 3 years. **Signature is required.**

1. Have you been involved in any accidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Were you at fault?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you had any moving traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you had any company cancel or refuse to provide your auto insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had your driver's license revoked, suspended or restricted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have any physical impairment other than corrective glasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: Coverage is not bound if any questions 1-6 is answered YES.

If you answered YES to any of the above questions and you were at fault, please provide full details below: Include complete explanation of the dates, amounts, posted and clocked speed, full disclosure.

Signature Required _____

SECTION 3: Complete the following **Volunteer Driver Release**. Signature is required.

Make _____ Model _____ Year _____

Insurance Carrier _____ Policy Number _____ Expiration Date _____

Agent Name _____ Telephone _____

***** If the above information changes during the year and you continue to drive your personal vehicle, please update this form. *****

As a volunteer driver at Scottsdale Christian Academy (SCA), and using my own personal vehicle to transport SCA students, I attest that I have a good driving record, that my vehicle is in good repair and that I carry and maintain adequate insurance coverage as required by the State of Arizona of every driver owning and operating a motor vehicle.

Further, as a volunteer driver for the above-mentioned SCA event/function, I hereby recognize and acknowledge that I am fully and solely responsible for the safety, care and well-being of any and all SCA students riding in my vehicle; and that in the event of an accident or mishap of any type whatsoever involving my vehicle and SCA students, I assume the primary position for any and all liability, medical and/or other damage claim(s) that might arise.

By signing below, 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 the insurance carried by the school. I acknowledge having read the above statement and my intent to comply with all terms and conditions thereof.

Driver Signature _____ Date _____

THIS FORM MUST BE SIGNED BEFORE SUBMITTING.