



School District of Wauzeka-Steuben
Alternative Method of Transportation

Driver's Name _____

Date of Birth _____

Driver's License # _____

Auto License # _____

Date of Activity _____ Activity _____

Place _____

Insurance Company Name _____

- * Property Damage Coverage (\$10,000 minimum) _____ each person
- Bodily Injury Coverage (\$25,000 minimum) _____ each person
- Bodily Injury Coverage (\$100,000 minimum) _____ each accident

Insured Signature _____

* Property damage for your vehicle may also be covered by Umbrella Policy with your Home Owner's. If so:

Policy # _____

Company _____

Coverage _____

Principal/Supervisor _____ Date _____

Transportation Supervisor _____ Date _____

District Administrator _____ Date _____

APPROVED DISAPPROVED

Adoption Date: 3/17/2014

Date Revised:

Date Reviewed: