

PERSONAL VEHICLE USE

Name: _____ Phone : _____ DOB: _____

Driver's License # : Liability Limits: _____

_____ Policy #: _____ Expiration Date: _____

I certify that the above information is correct and that the insurance coverage is in force. I understand that while driving my personal vehicle in the course of my duties with the college that I must have OLDELWL\ LQVXUDQFH FRYHUDJH DQG D YDOLG GULYHU·V California. I agree to advise the college, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

If you drive your personal automobile while on college business and you are involved in an accident, by law your liability insurance policy is used first. The college liability coverage would be used only after your limits have been exceeded. The college does not provide comprehensive or collision coverage to your vehicle.

All persons driving on college business will: (1) follow the most direct route; (2) avoid unnecessary stops; (3) transport only authorized persons, no guests or students ; and (4) ensure that all vehicle occupants use seat belts if available in the vehicle . Privately ure that at 792 re W* n BT /TT4 11.04 Tf 3