

EMPLOYEE VEHICLE USE AUTHORIZATION FORM

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Employee School \_\_\_\_\_ Supervisor \_\_\_\_\_

Vehicle Use \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VEHICLE INFORMATION

Make \_\_\_\_\_

Year \_\_\_\_\_

Model \_\_\_\_\_

License Plate # \_\_\_\_\_

Condition of Vehicle \_\_\_\_\_

Owner & Address \_\_\_\_\_

Is the vehicle presently insured?    yes \_\_\_\_\_    no \_\_\_\_\_

If yes, please fill out the following:

Policy Number \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Name of Agent \_\_\_\_\_

Liability Coverage \_\_\_\_\_

I understand that while driving my vehicle for school purposes, I am covered by the School Department insurance policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Superintendents' Signature

Adoption date:            December 7, 1993

Effective date:            December 7, 1993