

**DRIVER INFORMATION FORM
SCOTTSDALE CHRISTIAN ACADEMY VEHICLE INSURANCE
Policy No.: 02APA247330 2017-2018**

OFFICE USE:
Submitted to Insurance:

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

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? WHY:** _____
Address: _____ **City:** _____
State: _____ **Zip:** _____ **Telephone:** (_____) _____ - _____

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

During the past 3 years (answer all questions below):

- | | | |
|--|-----|----|
| 1) Have you been involved in any accidents? | YES | NO |
| 2) Were you at fault? | YES | NO |
| 3) Have you had any moving traffic violations? | YES | NO |
| 4) Have you had any company cancel or refuse to provide your auto insurance? | YES | NO |
| 5) Have you had your driver's license revoked, suspended or restricted? | YES | NO |
| 6) Do you have any physical impairment other than corrective glasses? | YES | NO |

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

If you answered YES to any of the above questions, please provide full details below:
Include complete explanations: Dates, amounts, posted & clocked speed, full disclosure.

SIGNATURE REQUIRED: _____

NO TEXTING ALLOWED WHILE DRIVING

Section 3: Complete the following VOLUNTEER DRIVER RELEASE. Signature is required.

Make: _____ **Model:** _____ **Year:** _____
Insurance carrier: _____
Policy no.: _____ **Expires:** _____
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 for 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:** _____