

EAGLE COUNTY SCHOOL DISTRICT RESOJ  
DRIVER AND INSURANCE INFORMATION FORM

The Eagle county school District RESOJ (District) DOES NOT PROVIDE primary insurance coverage for any school sponsored trips in privately owned vehicles. Risk of loss for bodily injury/property - damage will be the personal responsibility of the owner/driver of the private vehicle.

The driver of the private vehicle must be at least 21 years of age; must possess a valid Colorado Drivers License; and must have a driving history which is acceptable to the principal.

The owner must carry Comprehensive Automobile Insurance with limits of not less than \$100,000/\$300,000 for bodily injury, \$50,000 property damage, Colorado No-Fault and Uninsured Motorists.

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**TO BE COMPLETED BY CAR OWNER(S)/OPERATOR(S)**

**Automobile 1**

**Automobile 2**

Make, Model, Year of Car \_\_\_\_\_

Make, Model, Year of Car \_\_\_\_\_

Maximum Number of Passengers \_\_\_\_\_

Maximum Number of Passengers \_\_\_\_\_

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

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

Agents Name \_\_\_\_\_

Agents Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Limits of Coverage \_\_\_\_\_  
(Bodily injury) (Property damage)

Limits of Coverage \_\_\_\_\_  
(Bodily injury) (Property damage)

C. PLEASE ATTACH A CURRENT CERTIFICATE OF INSURANCE ISSUED BY THE INSURANCE COMPANY OR ITS AGENT.

3. Valid Colorado Drivers License: \_\_\_\_\_

Valid Colorado Drivers License: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Expiration date: \_\_\_\_\_

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**RELEASE**

I, understand that the District carries no insurance on privately owned vehicles or their operators. I hereby release the District, its directors, officers, employees and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that might occur while transporting students in my private vehicle, whether or not such damage, loss or injury results from negligent operation or maintenance of a vehicle. I understand that if I do not sign this release, then I will not be permitted to transport students in my private vehicle.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/ Operator of Private Vehicle (Guardian 1)

\_\_\_\_\_  
Signature of Owner/Operator of Private Vehicle (Guardian 2)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address/ Telephone Number

\_\_\_\_\_  
Address/ Telephone Number

Student Registered Last Name: \_\_\_\_\_ Grade(s) \_\_\_\_\_