

INSURANCE CERTIFICATE EMPLOYEE USING PERSONAL VEHICLE

The Passaic Board of Education frowns upon employees using their personal vehicles to transport pupils. However, there may be extreme cases where it is unavoidable.

If there is an instance where an employee has to transport pupils the below listed procedure must be followed:

- A. Initial Request:** The attached form must be completed and signed by the appropriate principal/administrator.

The form must be sent to the Superintendent's Office and be received at least ten (10) days before the intended use of vehicle.

The employee must submit with this form copies of the following:

- Driver's License;
- Vehicle Registration; and
- Insurance Card.

- B. Business Office:** The request form is sent to the Business Office for processing.

- C. Insurance Request:** The completed form is sent to the Board's Insurance Agent for an Insurance Certificate.

The insurance agent will provide only liability coverage for bodily injury and property damage to others and only in excess of the driver's insurance.

Please emphasize with employees that in case of an accident all claims will first be made against their automobile insurance.

Copies of the Insurance Certificate will be forwarded to the principal or administrator.

Passaic Public Schools
Passaic, New Jersey 07055

Transportation by Private Vehicle
Employee Using Private Vehicle to Transport Pupils

Request for Insurance Certificate

Date of Event: _____

Driver

Name of Employee _____
Home Address _____ Apt. _____
City, State, Zip _____
Cell Phone Number _____
School/Building _____ Grade/Position _____

Driver—Statement of Assurance

I certify that I have not been issued a moving violation summons within the past three (3) years.

Signature of Driver _____

Destination

Name of Destination/Activity _____
Address _____
City, State, Zip _____
Contact Phone _____ E-mail _____
Time of Transportation: Departure _____ Return _____
Student(s) will be transported from _____ Home _____ School _____
Other _____

Purpose of Transportation

Vehicle, Employee

Make _____ Model _____ Year _____
Color _____ License Plate Number _____

Document Provided—Attach Copies to Request Form

_____ Driver's License _____ Insurance Card _____ Vehicle Registration
_____ Driving Itinerary—Google Maps, e.g.
_____ Names of students being transported: _____

Approvals

Signature of Principal _____ Date _____
Signature of Superintendent _____ Date _____

Form must be submitted to the Board Secretary's Office for processing.
Fax: (973) 470-7694