

## USE OF PRIVATE AUTOMOBILES FOR WORK RELATED ACTIVITIES CERTIFICATION

## AREA 1: Employee Information | Personal Vehicle Information

I hereby certify that I have been notified and understand that according to state law, should an accident occur while operating my **personal vehicle** on behalf of the Yolo County Office of Education ("YCOE"), I am legally liable under my personal insurance coverage for any resulting damages or medical expenses. My insurance will be primary in any suit brought against me as the result of said accident

Printed Nan	ne	Driver's License Nu	Driver's License Number	
	(as it appears on drive	r's license)	The state of the s	
Year	Make/Model	License Plate #	VIN #	
EMPLOYEE SIGNATURE		PROGRAM/SERVICE	DATE	
SUPERVISOR SIGNATURE		PRINTED NAME	DATE	
VCOE STROI		ansporting Students in a Personal		
vehicle is no	ot available and you must u	JSE A COUNTY-OWNED VEHICLE TO TRuse your personal vehicle, the requirer	RANSPORT STUDENTS. IT a count ments below must be met.	
Your Perso	onal Insurance Carrier		Policy #	
REQUIRED N	VINIMUM COVERAGE LIMI	ITS IF TRANSPORTING STUDENTS ARE:	p	
	Prope	/ Injury: \$100,000 per person/\$300,00 rty: \$100,000 <b>OR</b> ined Single Limit: \$300,000	00 per occurrence	
I certify that		olicy contains the above minimum cove	erage limits.	
	SIGNATURE	PROGRAM/SERVICE	 DATE	
EMPLOYEE S	SIGNATORE	*		
		oyee to transport students in a persor	nal vehicle.	

**Please return to Support Operations Services**