

**Eddyville Charter School
Private Vehicle Assurance
Form School Year _____**

Insured's Name: _____

Address : _____

Phone : _____
 Home Work Cell

Insurance Company: _____

Policy: _____

Agent: _____

Address: _____

Policy Dates: _____
 From To

Amount of Coverage _____ / _____
 Bodily Injury / Property Damage
(Note: Minimum required is: 50/100/25 or \$100,000 CSL)

Vehicle Description

Year/Color: _____
 Year Color

Make & Body Style: _____

License Number: _____ Number of seat belts in your vehicle: _____

Your Valid Oregon Driver License Number: _____

If your license has ever been revoked or suspended within the past 5 years, state the reason and date: _____

I assure this vehicle is in a safe, operable condition and the facts set forth on this form are true and complete to the best of my knowledge.

Insured's Signature Date

Approved By: Principal's Signature Date Reviewed