



DRIVING PERSONAL VEHICLE FORM

Any driver desiring to use his/her personal vehicle to transport minor CLASP volunteers must complete this form each year. The program director will review the form with the driver's permission. Drivers of personal vehicles must have a current California driver's license. *A provisional license is not allowed.*

CLASP policy requires knowledge of the following:

1. The insurance laws of the State of California and recent case law place the burden of financial responsibility on the *owner* of the vehicle involved. CLASP's coverage is *excess* only.
2. The personal vehicle shall carry liability insurance limits no less than \$100,000 per person and \$300,000 per accident bodily injury, property damage liability limits of \$50,000, and \$2,000 medical payments.
3. The personal vehicle must be registered in California and be in proper mechanical condition.
4. The personal vehicle must not be overloaded and must not carry passengers that exceed the number of seat belts in the vehicle.

Please return this form to the CLASP program director along with:

- Copy of driver's license.
- Copy of vehicle registration.
- Proof of insurance coverage.

CLASP may process a California DMV Request for Record Information. I give permission to CLASP and its program director or tutor coordinator to request driver's license and other DMV records. I understand that this information will remain confidential and will not be disseminated to any other staff member or entity. I understand and agree that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

I certify that the above information has been submitted and is correct. I agree that I must have liability insurance coverage in force and agree to advise CLASP, in writing, of any changes in the above information. I further certify that my vehicle is mechanically safe.

Name of driver: _____

Reason for vehicle use: _____

Vehicle owner's name (please print): _____

Vehicle owner's signature: _____ Date: _____

I have read the above and approve the use of this vehicle for the purpose stated.

CLASP program director signature: _____ Date: _____

Return complete form to:

CLASP Program Director, 1111 N. Mountain Avenue, Claremont, CA 91711