

Appendix G1 Employee and Volunteer Vehicle Affirmation

The relationship of school and students, gives rise to a non-delegable duty of care. Simply put, it means a school owes a duty to ensure reasonable care is taken when any staff member or volunteer is caring for our students.

Excursions and Transportation are now very much a part of education at Lial. We have a high duty of care upon those to whom we serve. To comply with this duty of care, we shall verify that you meet the following standards for a reasonably responsible driver:

Name of Driver: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

By signing this form I agree that all statements have been answered truthfully, to the best of my knowledge and that such information is accurate unless and until I shall have provided and update of the same. I affirm that my Motor Vehicle Driving Record and Auto Liability meet or exceed the minimum requirements as set forth below:

I understand that while driving my vehicle on behalf of Lial School, my insurance will be primary for any accident or injury that I may be involved in. The insurance of Lial School will be excess over my insurance for liability only, and will not provide me with any medical payments or uninsured/underinsured motorist's coverage. The school does not provide comprehensive and collision coverage on my vehicle.

I affirm that my Driver's License is valid in the state that it is issued, and I have no more than one minor moving violation or one minor accident in the last three years from the date of signing this form.

I affirm that my auto liability insurance is valid and in force, and that I carry limits of at least \$100,000.00/person and \$ 300,000.00/accident for Bodily Injury, \$ 100,000 for Property Damage, \$5,000.00 for Medical Payments, and \$ 100,000.00/ person and \$ 300,000.00/accident for Uninsured/Underinsured Motorist coverage at the time of signing this form.

Name: _____

Signed: _____

Date: _____