



Ascent Classical Academy
Employee or Volunteer Automobile Agreement

Ascent Classical Academy commercial auto insurance policy responds on an excess basis for private vehicles driven by school employees.

Please complete this form and return it to the business manager at the school. We appreciate your working for or interest in volunteering and the time it takes to complete this application.

Print Driver's Full Name		
Address	City	State Zip
Phone	Date of birth	
Driver License Number	State	Expiration date
Name of Auto Insurance Company	Insurance Policy Number	

Your insurance must meet or exceed the following minimum requirements: \$100,000 per person

\$300,000 per accident for bodily injury

\$10,000 per accident for property damage

\$25,000 per person and \$50,000 per accident for uninsured motorist coverage

\$15,000 per accident for personal injury protection

Ascent Classical Academy reserves the right to order and review MVR's (driving records) as part of their standard background check policy. These reports are subject to Ascent Classical Academy's commercial auto policy underwriting guidelines, established by the insurance carrier during the applicable coverage period,

Seat Belts:

Yes - for _____ # Passengers No (You will not be allowed to drive)

Maximum number of passengers: _____ ALL PASSENGERS MUST WEAR SEATBELTS*

Current proof of insurance coverage and a copy of your driver's license must be submitted with this form. Driver will not be allowed to drive without proof of coverage. As an employee or volunteer during the school year 2020-2021, I understand that the School's insurance responds on an excess basis. I am personally responsible for the primary liability and physical damage coverage. I also certify that I am at least 21 years of age.

Driver Signature: _____ Date: _____

Principal Approval/Signature: _____ Date: _____

As of 8/1/03: Four and five-year-olds must have booster seats or seat belt "adaptors" to ride in a private vehicle if they are less than 55" tall.