

LOS ANGELES UNIFIED SCHOOL DISTRICT



BULLETIN NO. (XXX)
November __, 2008

ATTACHMENT B

PRIVATE AUTOMOBILE DRIVER LIABILITY INSURANCE CERTIFICATION

I hereby certify that I have automobile liability insurance which covers the driver and all passengers in the automobile, and I have ascertained that my policy will cover me and all passengers riding in the automobile in connection with the following school activity:

My insurance company is: _____

My insurance agent/broker is: _____
(Telephone) _____

My driver's license number is: _____ Issue State: _____
Exp. Date _____

Printed Name: _____

Signature: _____

Work Site Address: _____

Home
Address _____

Date _____