



DRIVER INFORMATION FORM

This form is to be completed by all persons who either drive BSD vehicles or their personal vehicle for BSD business.

NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____

POSITION: _____ LOCATION: _____

DRIVER LICENSE:

NUMBER: _____ STATE: _____ EXPIRATION: _____

USE BSD VEHICLE? YES NO USE PERSONAL VEHICLE? YES NO

DRIVER INSURANCE POLICY INFORMATION:

ANY EMPLOYEE OR PARENT DRIVING A PERSONAL VEHICLE ON BEHALF OF THE BURLINGTON SCHOOL DISTRICT WILL HAVE LIABILITY INSURANCE COVERAGE UNDER THE EMPLOYEE/PARENT’S PERSONAL AUTO INSURANCE POLICY FIRST, WITH THE DISTRICT’S NON-OWNED AUTO LIABILITY INSURANCE IN EXCESS OF THIS PRIMARY COVERAGE. PHYSICAL DAMAGE TO THE EMPLOYEE/PARENT’S PERSONAL VEHICLE (INCLUDING THE OUT OF POCKET DEDUCTIBLE) IS NOT COVERED UNDER THE DISTRICT’S INSURANCE POLICY. ALL FEDERAL, STATE AND LOCAL LAWS AND POLICIES REGARDING CELL PHONE COMMUNICATION WHILE DRIVING MUST BE FOLLOWED.

INSURANCE COMPANY: _____

- **A PHOTOCOPY OF THE DRIVERS LICENSE, VEHICLE REGISTRATION AND INSURANCE CARD MUST BE ATTACHED TO THIS FORM.**

DRIVER SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____