

PINELLAS COUNTY SCHOOLS
INSURANCE INFORMATION FOR ISOLATED TRANSPORTATION REIMBURSEMENT

REGARDING A PRIVATELY OWNED VEHICLE TO BE USED FOR TRANSPORTING STUDENTS TO AND FROM SCHOOL OR TO AND FROM THE NEAREST SCHOOL BUS STOP.

Please Print

Student's Name _____

School Assignment _____

Parent/Guardian's Name _____

I certify that the vehicle being used for the purpose indicated above is covered by liability insurance in the amount of at least:

\$10,000/\$20,000	Bodily Injury
\$10,000	Property Damage
\$10,000	Personal

This coverage is with _____ Insurance Company and

expires on: / / .
 MONTH DAY YEAR

Agents Name and Phone # _____

Policy Number _____

Signature of Owner _____ Date _____

Signature of Parent/Guardian _____ Date _____

Address _____

City _____ State _____ Zip _____