



QUEEN OF ALL SAINTS SCHOOL

1405 Como Lake Avenue, Coquitlam, B.C. V3J 3P4

AUTHORIZATION OF VEHICLE/ DRIVER APPLICATION CERTIFICATION OF INSURANCE 2012-2013

This form is required if any member of your family will assist the school in driving the students to sports events and other activities during the school year. Therefore only drivers and vehicles that may be used for this purpose need to be indicated here. Thank you for your support.

LAST NAME: _____ OLDEST CHILD IN SCHOOL: _____ GR: _____

DRIVER/S INFORMATION

CLASS 7 (' N ' DRIVERS) ARE NOT ALLOWED TO DRIVE STUDENTS ON SCHOOL SPONSORED EVENTS

FULL NAME: (PRINT LEGIBLY)	License #	CELL PHONE	ADDRESS: (IF DIFFERENT FROM ABOVE)
1.			

Driver 1, please answer the following questions:

Has your driver's license been suspended in the last three years? Yes No

If yes, please provide date of reinstatement: _____

Have you been convicted of an offence under the Highway Traffic Act, or for any motor vehicle-related offence under the Criminal Code of Canada during the last three years? Yes No

If yes, please identify the offence(s) here: _____

Where you found responsible/partly responsible for any motor vehicle accident(s) over the last three years? Yes No

FULL NAME: (PRINT LEGIBLY)	License #	CELL PHONE	ADDRESS: (IF DIFFERENT FROM ABOVE)
2.			

Driver 2, please answer the following questions:

Has your driver's license been suspended in the last three years? Yes No

If yes, please provide date of reinstatement: _____

Have you been convicted of an offence under the Highway Traffic Act, or for any motor vehicle-related offence under the Criminal Code of Canada during the last three years? Yes No

If yes, please identify the offence(s) here: _____

Where you found responsible/partly responsible for any motor vehicle accident(s) over the last three years? Yes No

Insurance Related Considerations:

1. The school requires that the vehicle owner maintain, at all times, valid automobile Third Party Liability Insurance as required under BC legislation in respect of liability for injury or death of any students who are passengers in the vehicle the volunteer driver is operating.
2. In case of an insurance claim (i.e., third party damage and/or personal injury) the vehicles owner's automobile liability insurance applies before that of the school.
3. Additional automobile liability insurance protection is provided under the school's comprehensive general liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity. This insurance is only for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.
4. Damage to any vehicle, including the owner's, is the responsibility of the volunteer driver.

PLEASE FILL OUT THE INFORMATION AS SHOWN IN THE CERTIFICATE OF INSURANCE

VEHICLE # 1		VEHICLE # 2	
OWNER:		OWNER:	
ADDRESS:		ADDRESS:	
REGISTRATION NO.		REGISTRATION NO.	
PLATE NO:		PLATE NO:	
MAKE		MAKE	
MODEL		MODEL	
COLOUR		COLOUR	
# OF SEATS	Excluding Airbags	# OF SEATS	Excluding Airbags
INSURANCE COMPANY		INSURANCE COMPANY	
THIRD PARTY LEGAL LIABILITY	See 'Premiums & Fees'	THIRD PARTY LEGAL LIABILITY	See 'Premiums & Fees'

PLEASE READ AND SIGN:

- I/we acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.
- To the best of my/our knowledge, the vehicle(s) identified above is/are in safe roadworthy condition and my/our driver's license is in good standing.
- *I/we have at least one-year driving experience & are not Class 7 ('N') drivers.*
- *I/we accept the responsibility for notifying the school of any changes in the above information.*

Driver/s' Signature/s: 1. _____ Date: _____
 2. _____ Date: _____

PLEASE SIGN IN THE SAME ORDER AS IN DRIVER'S INFORMATION ABOVE