

**ST. LUCIE PUBLIC SCHOOLS**  
**STATEMENT OF INSURANCE ON PRIVATE VEHICLES**

Required by State Statute 234.03(4)

School Year: \_\_\_\_\_

The School Board of St. Lucie County, Florida, requires proof of insurance coverage in force on all private vehicles, prior to and during their use for the transportation of school sponsored groups on all in-county and out- of-county trips. **The minimum limits of coverage are \$100,000 per person, \$300,000 per accident for bodily injury, and \$50,000 property damage.** The groups being transported include, but are not limited to, students, coaches, sponsors, faculty and chaperones.

This form is to be completed for each private vehicle used and is valid for the school year in which filed. If the insurance policy expires or is canceled during the school year, a new statement must be submitted.

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

DRIVER'S FLORIDA OPERATOR'S LICENSE NUMBER \_\_\_\_\_

FLORIDA VEHICLE INSPECTION EXPIRATION DATE \_\_\_\_\_

This is to certify that insurance policies, subject to their terms, conditions and exclusions, are at present in force with the company indicated.

NAME OF INSURED/S \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_

Policy Period From \_\_\_\_\_ To \_\_\_\_\_ Identification No. \_\_\_\_\_

and that the same provides for Personal Injury Protection in a sum of not less than \$10,000.

INSURANCE AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

I certify that the above information is correct:

\_\_\_\_\_  
Signature of Owner Date

I have verified the above information:

\_\_\_\_\_  
Principal's Signature or Designee Date