



Driver's Name: _____

Driver's License No. & State: _____ Expiration Date: _____

Make/Model of Vehicle: _____ Vehicle License No.: _____

Name of Insurance Company: _____

Insurance Policy Number: _____ Expiration Date: _____

Coverage:	Bodily Injury - Per Person	\$ _____
	Bodily Injury - Per Occurrence	\$ _____
	Medical Payments	\$ _____
	Property Damage	\$ _____

I certify that the above information is correct and that the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

I understand that when I drive my personal automobile for the parade and I am involved in an accident, by law my own insurance policy is used first.

I certify that the above information is correct and that I have a VALID California Drivers License, and ACTIVE automobile insurance.

Date: _____ Vehicle Owner's Signature: _____

Date: _____ Driver's Signature: _____