

**DRIVER INFORMATION FORM  
SCOTTSDALE CHRISTIAN ACADEMY VEHICLE INSURANCE  
Policy No.: 02APA247330 2019-2020**

**OFFICE USE:**  
Submitted to Insurance:

**Use black ink and print clearly. Form must be legible.**

**Driver:** New Updated **Today's Date:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_  
**Purpose driving:** \_\_\_\_\_ **Teacher/Class:** \_\_\_\_\_

**Section 1: Please complete all driver information fields.**

**Driver Name:** \_\_\_\_\_ **Sex:** M F  
Must be exactly as on driver's license. Please print clearly. Must be legible.  
**Birth Date:** \_\_\_/\_\_\_/\_\_\_ **Driver's License No.:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **OUT OF STATE D/L? WHY:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Section 2: Please complete all driver history questions for the past 3 years. Signature is required.**

**During the past 3 years (answer all questions below):**

- |  |     |    |
|--|-----|----|
| 1) Have you been involved in any accidents?                                  | YES | NO |
| 2) Were you at fault?  | YES | NO |
| 3) Have you had any moving traffic violations?                               | YES | NO |
| 4) Have you had any company cancel or refuse to provide your auto insurance? | YES | NO |
| 5) Have you had your driver's license revoked, suspended or restricted?      | YES | NO |
| 6) Do you have any physical impairment other than corrective glasses?        | YES | NO |

**NOTE:** Coverage is not bound if any question 1-6 is answered YES.

**If you answered YES to any of the above questions, please provide full details below:**  
**Include complete explanations: Dates, amounts, posted & clocked speed, full disclosure.**

**SIGNATURE REQUIRED:** \_\_\_\_\_

**NO TEXTING ALLOWED WHILE DRIVING**

**Section 3: Complete the following VOLUNTEER DRIVER RELEASE. Signature is required.**

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
**Insurance carrier:** \_\_\_\_\_  
**Policy no.:** \_\_\_\_\_ **Expires:** \_\_\_\_\_  
**Agent Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(If the above information changes during the year and you continue to drive your personal vehicle, please update this form.)

As a volunteer driver for Scottsdale Christian Academy (SCA), and using my own personal vehicle to transport SCA students, I attest that I have a good driving record, that my vehicle is in good repair and that I carry and maintain adequate insurance coverage as required by the State of Arizona of every driver owning and operating a motor vehicle.

Further, as a volunteer driver for the above-mentioned SCA event/function, I hereby recognize and acknowledge that I am fully and solely responsible for the safety, care and well-being of any and all SCA students riding in my vehicle; and that in the event of an accident or mishap of any type whatsoever involving my vehicle and SCA students, I assume the primary position for any and all liability, medical and/or other damage claim(s) that might arise.

By signing below, I understand that as a volunteer when I drive my personal vehicle on school business or for a school activity, my personal auto insurance will be primary to the insurance carried by the school. I acknowledge having read the above statement and my intent to comply with all terms and conditions thereof.

**Driver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_