



**Protected Self Insurance Program**  
**Parish/School Vehicle Driver Agreement**

Everyone who drives their own vehicle for parish or school purposes must complete and agree to the following:

Name of Driver/Owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Insurance Agent and Company \_\_\_\_\_

By signing this form I agree that all the statements below have been answered truthfully, to the best of my knowledge, and that such information is accurate, unless and until I provide an update of same. I affirm that my Motor Vehicle Driving Record and Auto Liability meet or exceed the minimum requirements as set forth below:

- ▶ I understand that while driving my vehicle on behalf of the parish or school, **my insurance will be primary for any accident or injury that I may be involved in.** The Protected Self Insurance program will not provide me with any Medical payments or Un/Underinsured motorist's coverage. The Protected Self-Insurance Program does not provide comprehensive and collision coverage on my vehicle.
- ▶ I affirm that my Drivers License is valid in the state that it is issued, and I have no more than one minor moving violation or one minor accident in the last three years from the date of signing this form.
- ▶ I affirm that my auto liability insurance is valid and in-force, and that I carry limits of at least \$100,000/person and \$300,000/accident for Bodily Injury, \$100,000 for Property Damage, \$5,000 for Medical Payments, and \$100,000/person and \$300,000/accident for Un/Underinsured Motorists coverage at the time of signing this form.
- ▶ I affirm that I have never been convicted of any criminal offense involving harm or injury to a minor.

Signed \_\_\_\_\_

Date \_\_\_\_\_