

Personal Vehicle Information Form

Lawrence University

For use when personal vehicles are used to transport students on University business

Vehicle Owner's Name: _____

Vehicle Make: _____ Model: _____

Year: _____ License Plate: _____ State: _____

Insurance Company: _____

Policy #: _____ Expiration Date: _____

Trip Information

Trip Destination/Title: _____

Sponsoring Organization/Department: _____

Departure Date: _____ Return Date: _____

Authorized Drivers:

Notes: By signing below, each driver is affirming that (s)he is an authorized driver of Lawrence University and has a minimum of \$100,000 personal auto liability insurance per occurrence.

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Owner's Authorization: I hereby certify that my vehicle is safe and in good condition and that I understand the policies and procedures for use of personal vehicles for Lawrence University business. I understand that by permitting use of my vehicle for university business that my insurance coverage is primary in any situation requiring insurance coverage. I authorize those drivers noted above to operate my vehicle for the purposes outlined in the trip information provided.

Name: _____ Signature: _____

Address: _____ Date: _____

Office Use Only: Vehicle Registration Verified _____ Registration Number _____

Authorized Driver registration verified _____ Notes: _____