



PRIVATE CARRIER INFORMATION

1234 NE Riddell Road Bremerton, WA 98310 Office: (360) 373-2116 Fax: (360) 377-0686 www.peacebremerton.org

Driver Name: (Last) _____ (First) _____ Date _____

Driver License Number: _____ Auto Insurance Carrier: _____

Policy Number: _____ Policy Period _____ -- _____

Covered Driver(s): _____

Covered Vehicle(s): _____

Amount of Coverage for:

Liability to Others/Bodily Injury

\$ _____ per person/ \$ _____ per accident

Personal Injury Protection (PIP):

\$ _____

Underinsured Motorist (UM/UIM):

\$ _____ per person/ \$ _____ per accident

Number of traffic violations/accidents in past two years _____

Nature of traffic violations/accidents _____

When transporting other children, you must be a covered driver in a covered vehicle in the above-referenced auto policy. If the designated driver is not a covered driver in a covered vehicle, this form must be completed for the designated driver's auto policy. The designated driver must have a valid license. To be permitted to transport other children in your vehicle, the minimum coverage for Liability to Others/Bodily Injury is \$100,000/\$300,000. Transportation of other children is limited to three. You are required to carry coverage for Personal Injury Protection (PIP) and Underinsured Motorist (UM/UIM) to be permitted to transport other children. This information is required to insure your child is riding in a safe environment.

I hereby certify this information is accurate and complete

Signed _____ Print _____ Date _____

(Parent or legal guardian)