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girl scouts heart of michigan

Girl Scouts Heart of Michigan

Driver and Privately Owned Vehicle Statement

All persons who drive privately owned vehicles for any Girl Scout purpose must have a valid Michigan driver's license and should be an adult. All drivers for troop activities must complete this form. The form is to be kept by the troop leader and taken on the trip.

Transportation vehicles and drivers used for Girl Scout activities must be covered by at least the minimum automobile liability insurance as required by the State of Michigan. See *Safety-Wise* for policies and standards regarding transporting girls. It is recommended that vehicles have a minimum coverage of $300,000 for bodily injury and $100,000 for property damage. **This information is to be updated yearly.**

Driver's Statement

Name and address of driver: _____
Name

_____
Street Address

_____
City, State, ZIP

( ) _____ ( ) _____
Home Phone Cell Phone

My valid Michigan driver's license number is: _____ Expiration Date: _____

If this license is ever revoked, suspended, discontinued or allowed to expire, I will notify the Girl Scouts Heart of Michigan and the troop leader immediately that I can no longer offer myself as a Girl Scout activity driver.

Driver's Signature: _____ Date Signed: _____

Insurance Information

Owner of vehicle to be used: _____
(Please print.) Name

_____
Street Address

_____ ( ) _____
City, State, ZIP Phone Number

My insurance is with: _____
Insurance Company Agent's Name

_____
Address

_____ ( ) _____
Policy Number Telephone Number

_____
Liability per Person Liability per Accident Property Damage Liability

As long as my vehicle is used for any Girl Scout activity, the above stated liability coverage for my automobile will be maintained by me. In case of insurance coverage changes, I will notify the Girl Scouts Heart of Michigan and the troop leader immediately so that my vehicle will no longer be used for Girl Scout activities.

Vehicle Owner's Signature: _____ Date Signed: _____

Vehicle Information (used by driver)

Please list only vehicles that are covered by the above insurance information.

1. _____
Make/Model/Year of Car License Plate Number Number of Back Seat Belts

2. _____
Make/Model/Year of Car License Plate Number Number of Back Seat Belts

At the end of the program year, if no accidents or problems have occurred, this form is to be shredded.