

# 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 \_\_\_\_\_