



CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano, California

VEHICLE LIABILITY INSURANCE CERTIFICATION

The undersigned does hereby certify to the Governing Board of the District as follows:
I am a representative of the Contractor currently entering into this Agreement with the District and I am familiar with the facts herein certified, and am authorized and qualified to execute this Certificate on behalf of the Contractor. Contractor's responsibility for vehicle liability insurance extends to all of its employees, subcontractors, and employees of subcontractors.

The Contractor certifies that at least one of the following applies to the Services that are the subject of the Agreement.

The Contractor and employees, who will be driving or parking on any CUSD campus, have current vehicle liability insurance coverage that meets the requirements of the State of California.

The Contractor and employees will not drive or park on CUSD school campus.

Name of Contractor or Company _____

Representative's Name & Title _____

Signature _____

Printed Name _____

Date _____