

Western Nevada College

ACTIVITY/FIELD TRIP PRIVATE VEHICLE INFORMATION

This form is to be completed when a privately owned vehicle is used to transport students to a recognized college function and must be on file with the dean of instruction's office at least one week prior to the date of the trip.

If is required that any vehicle used for transportation of students carry at least \$15,000/\$30,000 Bodily Injury Liability, and \$10,000 Property Damage Liability coverage. These are minimum requirements according to Nevada State Law. \$10,000 Medical Payments Coverage is also recommended.

Date of Request: \_\_\_/\_\_\_/\_\_\_ Instructor: \_\_\_\_\_

Name of Class: \_\_\_\_\_ Sec. No.: \_\_\_\_\_

Date(s) of field trip: \_\_\_\_\_

Has liability wavier been obtained for each student being transported?

\_\_\_yes \_\_\_no

Number of students being transported: \_\_\_\_\_

Name of students being transported (if possible):

Name of vehicle driver: \_\_\_\_\_

Owner's liability policy number: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Limits of liability:

Bodily injury: \$ \_\_\_\_\_

Property damage: \$ \_\_\_\_\_

Medical payments: \$ \_\_\_\_\_

\_\_\_\_\_  
Individual Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Immediate Supervisor Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Division Chair/Dept. Head Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
WNC V.P. Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_