

**VOLUNTEER DRIVER'S STATEMENT**

(0506b)

As a volunteer driver for the Boy Scouts of America, Troop 96, I recognize that, in the event of an auto accident chargeable to me, my car insurer shall be considered the primary insurer for all claims, judgments, and liability for any injury or damage to any and all persons that I may be transporting to and from the event for which I am driving.

I attest that:

- (1) I have a current driver's license that is in good standing with the State of Ohio.
- (2) I do have car insurance, as required by the laws of the State of Ohio and the policy is adequate to cover any and all persons that I may be transporting and to cover any claims that may be made against me.
- (3) I am not currently under any medication nor do I have any medical condition that would impair my ability to operate a motor vehicle.
- (4) All persons in my vehicle will have a seat belt available to them and its use will be enforced.
- (5) I am at least 21 years of age.

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

Drivers Signature: \_\_\_\_\_

Kind, Year, Make of Vehicle \_\_\_\_\_

No. of Passenger Seat Belts \_\_\_\_\_

Owners Name: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State \_\_\_\_\_

Liability insurance per each person: \$ \_\_\_\_\_

Liability insurance per each accident: \$ \_\_\_\_\_

Property Damage insurance: \$ \_\_\_\_\_