

This statement acknowledges that I, _____ have selected to use my personal vehicle for duties required by me as an employee of the Palmyra Area School District.

I understand that in the event of using my personal vehicle for school district business I am involved in an accident, the school district's insurance policy will respond excess over any other valid and collectible insurance. My personal insurance policy will respond first and once limits are exhausted, the school's policy will then pay the remainder of the claim up to the applicable limit of liability stated on the policy.

Signed

Date