

DRIVER INFORMATION SHEET

Driver

Name _____ Date of Birth _____

Address _____ Social Security # _____

_____ Phone # _____

Drivers License # _____ Expiration Date _____

Vehicle That Will Be Used

Name of Owner _____ Make of Vehicle _____

Address Of Owner _____ Model of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____ Expiration Date _____

If more than one vehicle is to be used, the above information must be provided for each vehicle.

Insurance Information

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____ Policy # _____

Date of Policy Expiration _____ Liability Limits of Policy* _____

**Please note: The minimal acceptable limits for privately owned vehicles is \$100,000/\$300,000*

In order to provide for the safety of our students or members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years:

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older. I must be 25 years of age or older to transport minors. I must possess a valid driver's license, have the proper and current license and vehicle registration and have the required insurance coverage in effect on any vehicle used.

Signature

Date