

DRIVER INFORMATION SHEET

PARISH/SCHOOL/ENTITY: _____ LOC# _____

Driver

Name _____ Date of Birth _____
 Address _____ Social Security # _____
 _____ Phone # _____
 Driver's License # _____ Date of Expiration _____ State _____

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

_____ Employee	_____ Volunteer
Position _____	Work with Children _____
Hire Date _____	Do not work with Children _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
 Address of Owner _____ Make of Vehicle _____
 _____ Year of Vehicle _____
 License Plate # _____ Date of Expiration _____
 Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned 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: Catholic Mutual's minimal recommended liability limit for privately owned vehicles is \$100,000/\$300,000. Please be aware that as a driver, your insurance is primary.

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 driver, I must be 21 years of age or older, 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. A copy of my driver's license and insurance card is attached.

Signature

Date