

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: \_\_\_\_\_

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Employee Volunteer
Position \_\_\_\_\_ Work with Children
Hire Date \_\_\_\_\_ Do not work with Children

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Vehicle That Will Be Used

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

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

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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.

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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 \_\_\_\_\_