

DIOCESE OF SAGINAW
VOLUNTEER/ EMPLOYEE DRIVER INFORMATION SHEET

I Driver:

Name _____ Date of Birth _____
Address _____ City/Zip _____
Social Security # _____

II Vehicle that will be used:

Name of owner _____ License Plate _____
Address of Owner _____
Year & Make _____ Model _____
Registration Expires _____ Inspection Expires _____

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

III Insurance Information: The insurance coverage for a privately owned vehicle is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____
Policy Number _____ Expiration Date _____
Liability Limits of Policy* _____

* **Please note:** The minimum, acceptable liability limit for privately owned vehicles is \$500,000 CSL (Combined Single Limit)

IV Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I certify that as a volunteer/ employee driver, I hold a valid driver s license and have the required insurance coverage in effect on any vehicle used to transport students, co-employees, service recipients and/ or act on behalf of the church or related entities. The undersigned driver agrees to indemnify, hold harmless and defend _____ School/ Parish together with their employees, agents and representatives from any and all claims for damage to a person or property caused in part or wholly by the undersigned.

Signature

Date

V Requirements:

Only experienced drivers, i.e., 21 or over should transport students.

* **Attach copy of valid drivers license to this form**

* This form is good for the term of the policy if driver carries required coverage.

* This form is good per event if driver only carries required coverage per event.