

LAKE MICHIGAN CATHOLIC SCHOOLS

VOLUNTEER/EMPLOYEE DRIVER INFORMATION SHEET

I. Driver:

Name _____ Date of Birth _____
Address _____ Soc. Sec. No. _____

II. Vehicle that will be used:

Name of Owner _____ Year and Make _____
Address of Owner _____ Model _____
_____ License Plate _____
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 minimal, acceptable liability limit for privately owned vehicles is \$500,000 CSL (Combined Single Limit). Due to some insurers limitations, limits of \$250,000 per person/\$500,000 per occurrence are acceptable.

IV. 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/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.

(Signature)

(Date)

V. Recommendation:

Only experienced drivers, i.e. 19 or over, should transport students.

