PARISH/SCHOOL LOCATION: _____

Any employee, school, parish or affiliate of the Diocese of Sioux City, who drives a motor vehicle that is insured through the diocesan insurance program, must fill out this form and return it to:

Catholic Mutual Group
PO Box 3379
Sioux City IA 51102
or fax 712-233-7528

DIOCESE OF SIOUX CITY ~ Driver/Vehicle Information Sheet

DRIVER INFORMATION: (PLEASE PRINT LEGIBLY)

Name: _____ Driver's Lic #: _____

Address: _____ State License Issued In: _____

City, State: _____ Date Lic. Issued: _____

Date of Birth: _____ Bus/Van Driver? Yes No (Please circle)

Soc. Security #: _____

I authorize the Diocese of Sioux City to obtain a copy of my driving record.

_____ _____

Signature *Date*

When the above named driver is using their personal vehicle rather than a vehicle insured through the diocesan insurance program such as any vehicle owned by the parish or schools please provide the following information.

PRIVATELY OWNED VEHICLE THAT WILL BE USED (if applicable):

Owner's Name: _____ Model of Vehicle: _____

Owner's Address: _____ Make of Vehicle: _____

License Plate #: _____ Year of 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 #: _____ Expiration Date: _____

Liability Limits of the Policy: _____

Please note:

The minimum acceptable liability limit for privately owned vehicles is $100,000/$300,000.

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, 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 to transport participants of the event.

_____ _____

Signature *Date*