



CATHOLIC COMMUNITY SERVICE

# DRIVER INFORMATION SHEET

## DRIVER

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_  
 \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

## VEHICLE TO BE USED

Owner \_\_\_\_\_ Vehicle Model \_\_\_\_\_  
 Address \_\_\_\_\_ Vehicle Make \_\_\_\_\_  
 \_\_\_\_\_ Vehicle Year \_\_\_\_\_  
 License Plate # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Title Holder \_\_\_\_\_

*Note: If using more than one vehicle, please fill out the above information for each vehicle on a separate sheet of paper.*

## INSURANCE INFORMATION (please attach a copy of your current insurance card)

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Policy Expiration \_\_\_\_\_  
 Liability Limit (Bodily Injury per Person) \_\_\_\_\_  
 Liability Limit (Bodily Injury per Accident) \_\_\_\_\_

**In order to provide for the safety of our staff and volunteers, we ask that each driver list all accidents or moving violations they have had in the past 5 years.**

\_\_\_\_\_  
 \_\_\_\_\_

**Please be aware that when using your own vehicle, your insurance is primary. Catholic Community Service has a policy that offers additional liability protection should a claim exceed the limits of your policy.**

## CERTIFICATION

*I certify that the information given on this form is true and correct to the best of my knowledge. I understand that I must be 21 years of age or older, possess a valid driver's license, have the proper and current vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport clients.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date