

Appendix P Automobile Insurance Form



Diocese of Trenton Parish Activities – Off Parish Grounds AUTOMOBILE INSURANCE FORM

Please print or type all information below. Thank you.

Driver Information

Name: _____
Last First Middle

Address: _____
Street Town State Zip

Phone: _____ Cell Phone: _____

Driver's License #: _____ Expiration Date: _____

Vehicle Information

Registered Owner of the Vehicle: _____
Last First Middle

Make: _____ Model: _____ Color: _____ Year: _____

License Plate #: _____ Registration Expiration Date: _____

Car Insurance Information

Insurance Company Name: _____

Policy #: _____ Expiration Date: _____

*Liability Limits of Policy: _____

**The minimum acceptable limits for liability are \$500,000 single limit and \$1,000,000 umbrella.*

I certify that the information contained in this form is true and complete 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 registration and license for my vehicle and have the required automobile liability insurance coverage in effect on any vehicle used for transportation, which will be looked to in the event of any injury arising out of my operation of my vehicle to transport program participants.

Signature

Date