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: _____

**Auto Insurance is required for all drivers. The recommended minimum 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, have not had my license suspended for a DUI in the last 10 years and have 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*