
INSURANCE PROGRAM
ARCHDIOCESE OF PORTLAND IN OREGON
Driver Information Form

I. DRIVER Employee Volunteer

Name _____ Date of Birth _____
Address _____
Drivers License # _____ State _____ Date of Expiration _____
Does the license state any restrictions? Yes No
If yes, explain _____

II. VEHICLE THAT WILL BE USED

Name of Owner _____
Address of Owner _____
Make & Model of Vehicle _____ Year of Vehicle _____
License Plate # _____ State _____ # of Seatbelts Available _____

III. INSURANCE INFORMATION

When a volunteer or employee is using a privately-owned vehicle(s), that vehicle's insurance coverage will always be considered *primary*. Please provide the following information concerning the vehicle(s) that will be used:

Insurance Company _____
Policy Number _____
Date of Policy Expiration _____
Liability limits of policy* _____

*** The Archdiocesan Insurance Program requires that drivers maintain the State of Oregon minimum automobile limits of \$25,000/ \$50,000/ \$10,000.**

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 an employee or 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 State of Oregon required insurance coverage in effect on any vehicle used for a church, school or other entity insured under the Insurance Program of the Archdiocese of Portland in Oregon.

Signature

Date
