

PRIVATE VEHICLE DRIVER FORM

Name of Driver: _____

Address: _____

Driver's License # _____ State Issued: _____

Vehicle: Year: _____ Make: _____ Model: _____

Insurance Company's Name: _____

Liability Limits:

Per Injury: _____ (Required \$100,000): Per Accident: _____ (Required \$300,000)

Or

Combined Single Liability (CSL): _____ (Minimum Required \$300,000)

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

TRUE FALSE

- | | | |
|--|-------|-------|
| 1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years. | _____ | _____ |
| 2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years. | _____ | _____ |
| 3. I have had no more than three moving violations or accidents in the last three years. | _____ | _____ |

Please be aware that as a volunteer driver, your insurance is primary.

Thank you for helping us with our transportation needs.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. 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. I agree that I will refrain from using a cell phone or any other handheld electronic device while driving my vehicle.

Driver Signature

Date

PRIVATE VEHICLE USE APPLICATION

Vehicle: Year: _____ Make: _____ Model: _____

Vehicle Identification Number: _____

License Plate #: _____ State: _____ Expiration: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Automobile Insurance Company: _____

Agents Name: _____ Phone: _____

PLEASE BE AWARE:

IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE PRIMARY COVERAGE. THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: \$100,000 (PER INJURY)/\$300,000 (PER ACCIDENT) OR \$300,000 COMBINED SINGLE LIABILITY (CSL).

IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO STATE SAFETY BELT LAWS AND REGULATIONS. IT IS THE DRIVER'S RESPONSIBILITY TO ENSURE THIS POLICY IS FOLLOWED.

Certification

This certifies that the information given is true and complete and that to the best of my knowledge, the vehicle is currently in a safe operating condition. I understand that 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 others. I agree that I will refrain from using a cell phone or any other handheld electronic device while driving my vehicle.

Signature

Date

Thank you for helping us with our transportation needs!