

DIOCESE OF RENO
ST. TERESA OF AVILA CATHOLIC SCHOOL
DRIVER'S INSURANCE VERIFICATION

Each driver must carry liability insurance on the vehicle to be used. A \$100,000 per person/ \$300,000 per accident *minimum limit* of Liability for Bodily Injury and Property Damage is the minimum acceptable coverage limit for Diocesan purposes.

Sign & date that you carry the above limits: _____

Make, model and year of vehicle(s) to be used: _____

License Plate #: _____

(If more than one vehicle is to be used, this same information must be provided for each vehicle.)

Driver's License Number: _____

Insurance Carrier: _____

Policy Number: _____

Policy Expires: _____

Agent's Name: _____

Agent's Address: _____

Agent's Phone #: _____

I certify that the information given on this form is true and correct 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 license and vehicle registration and have the required insurance coverage in effect on *any* vehicle used to transport students.

Signed: _____ Date: _____

PRINT NAME: _____

Address: _____

Phone #: _____

Date: _____

Note: This form is for use by all Employees and Volunteers who drive their personal vehicles for Diocesan, School, Parish or Agency business and activities.

PLEASE PROVIDE COPIES OF YOUR DRIVER'S LICENSE AND PROOF OF INSURANCE CARD WITH THIS FORM. THESE MUST BE ON FILE WITH THE OFFICE PRIOR TO ANY SCHOOL ACTIVITIES. THANK YOU.