

DIOCESE OF SIOUX CITY - Driver/Vehicle Information Sheet

PARISH/SCHOOL
LOCATION:

Any employee or volunteer of the Diocese of Sioux City, or one of its parishes or schools, who drives a personal vehicle or motor vehicle that is insured through the diocesan insurance program, must complete **ONLINE TRAINING** at www.cmgconnect.org and this form. Return form to:

Mark Wetz
mwetz@catholicmutual.org

DRIVER INFORMATION: (PLEASE PRINT LEGIBLY)

| | | | |
|---|-------|-----------------------------|-----------------|
| Name (as it appears on the driver's license): | _____ | Driver's License # & State: | _____ |
| Address: | _____ | | _____ |
| City, State: | _____ | Date Lic. Issued: | _____ |
| Date of Birth: | _____ | Bus/Van Driver? | Yes No |
| Soc. Security #: | _____ | | (Please circle) |

I authorize the Diocese of Sioux City to obtain a copy of my driving record.

Signature

Date

INSURANCE INFORMATION:

When using a **privately** owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. Please note: The minimum acceptable liability limit for privately owned vehicles is \$100,000/\$300,000.

Insurance Company: _____

Policy #: _____ Expiration Date: _____

Liability Limits of the Policy: _____

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 required insurance coverage in effect on any vehicle used to transport participants of the event.

Signature

Date
