



**ARCHDIOCESE OF LOS ANGELES
DRIVER'S INSURANCE VERIFICATION FORM**

DRIVER'S REQUIREMENTS

Must be at least 25 Years Old — Must have a Clean Driving Record for Past 3 Years — **Provide Copy** of A Valid Class C Driver's License — **PROVIDE COPY** of Current, Valid California Auto Insurance of at least \$100,000/\$300,000 of coverage

Grades of HNM School Children: _____

I carry my own Automobile Liability Insurance with limits of: \$ _____
(Please provide COPY OF POLICY)

And Medical Payments coverage with limits of: \$ _____

Make, model, year of vehicle to be used:

My Insurance Carrier is: _____

Policy #: _____

Policy Expires: _____

My Agent is: _____

Address: _____

Phone Number: _____

Driver's Name (please print): _____

Driver's Signature: _____

Address: _____

Phone Number: _____

Date: _____

NOTE: This form is for use by the employees and volunteers who drive their personal autos on Archdiocese, School, Parish or Agency business and services.

Updated 5-1-18