

LP



CATHOLIC MUTUAL GROUP
The Diocese of San Bernardino

EMPLOYEE / VOLUNTEER DRIVER INFORMATION LIST

Diocesan/Parish/School Location: _____
Address: _____
City/State/Zip: _____
Department or Entity #: _____

<u>Driver</u>		<u>Driver License</u>	<u>State</u>	<u>Class Type</u>		<u>Emp / Vol</u>
Last Name	First Name					

****Liability insurance requirement for personal vehicles must be verified. Bodily Injury Coverage must be a minimum of \$100,000 per person/\$300,000 per occurrence.** All drivers must be 25 years of age or older, possess a proper and current license and vehicle registration. There will be no exceptions.**

Person Preparing Report/ Title: _____

Date Prepared: _____