LP _____

CATHOLIC MUTUAL GROUP
The Diocese of San Bernardino

EMPLOYEE / VOLUNTEER DRIVER INFORMATION LIST
_____-_____ Fiscal Year

Diocesan/Parish/School Location: _____

Address: _____

City/State/Zip: _____

Department or Entity #: _____

Driver		**Driver License**	**State**	**Class Type**		**Emp / Vol**
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: _____