



# Bishop Manogue Catholic High School

EDUCATING THROUGH FAITH, LEADERSHIP, KNOWLEDGE, AND COMPASSION<sup>SM</sup>

## DRIVERS INSURANCE VERIFICATION

### Vehicle Information:

Year:	Make:	Model:
Vehicle Identification Number:		
License Plate #:	State:	Expiration:

Owner's Name:		
Home Phone:	Cell Phone:	
Address:		
City:	State:	Zip:

### Insurance Information:

Automobile Insurance Provider:	Policy #:	Expiration Date:
Agent:		
Agent's Address:	Phone:	

**You are required to supply a copy of your driver's license and a copy of your auto insurance coverage declaration page.**

Sport(s) or Activities you will drive for:
--

### PLEASE BE AWARE of the following:

- In case of an accident, the insurance on this vehicle will be the primary coverage.
- The vehicle must be insured for the minimum liability limits of: \$100,000/\$300,000.
- It is expected that all passengers adhere to the Nevada State Safety Belt Laws and Regulations. It is the driver's responsibility to enforce this policy.

This certifies that the information given is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Bishop Manogue Catholic High School

EDUCATING THROUGH FAITH, LEADERSHIP, KNOWLEDGE, AND COMPASSION<sup>SM</sup>

We greatly appreciate your interest in assisting us to meet our transportation needs. Responsible risk management dictates that we ask our volunteer drivers to answer the following questions. Thank you for your understanding and cooperation.

Name: \_\_\_\_\_

Have you had any or the following citations or convictions in the past THREE years.	Yes	No
Driving under the influence of alcohol or drugs		
Hit and Run		
Failure to report an accident		
Negligent homicide arising out of the use of a motor vehicle		
Using a motor vehicle for the commission of a felony		
Permitting an unlicensed person to drive		
Reckless driving		
Are you currently taking any medication(s) that may make you drowsy?		

This certifies that the information given above is true and complete to the best of my knowledge.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

**Bishop Manogue Catholic High School will retain this form on file for a minimum of three years.**