

DIOCESE OF ORANGE
DRIVER'S INSURANCE VERIFICATION

I carry my own Automobile Liability insurance with limits of \$
And Medical Payments coverage with limits of \$

Make, model, year of vehicle to be used
My drivers license #

My insurance carrier is:
Policy Number:
Policy expires:
My agent is:

Address:

Phone:

Note: Please attach a photocopy of your current Driver's License, Auto Insurance I.D. Card.

Signed:
Address:
Phone #:
Date:

Note: This form is for use by all Employees and Volunteers who drive their personal autos on Diocesan, School, Parish or Agency business and activities.