
INSURANCE PROGRAM
ARCHDIOCESE OF PORTLAND IN OREGON
Driver Information Form

I. **DRIVER** Employee Volunteer

Name _____ Date of Birth _____

Address _____

Drivers License # _____ State _____ Date of Expiration _____

Does the license state any restrictions? Yes No

If yes, explain _____

II. **VEHICLE THAT WILL BE USED**

Name of Owner _____

Address of Owner _____

Make & Model of Vehicle _____ Year of Vehicle _____

License Plate # _____ State _____ # of Seatbelts Available _____

III. **INSURANCE INFORMATION**

When a volunteer or employee is using a privately-owned vehicle(s), that vehicle's insurance coverage will always be considered *primary*. Please provide the following information concerning the vehicle(s) that will be used:

Insurance Company _____

Policy Number _____

Date of Policy Expiration _____

Liability limits of policy* _____

*** The Archdiocesan Insurance Program requires that drivers maintain the State of Oregon minimum automobile limits of \$25,000/ \$50,000/ \$10,000.**

IV. **CERTIFICATION**

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as an employee or volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration and have the State of Oregon required insurance coverage in effect on any vehicle used for a church, school or other entity insured under the Insurance Program of the Archdiocese of Portland in Oregon.

Signature

Date

INSURANCE PROGRAM
ARCHDIOCESE OF PORTLAND IN OREGON
Vehicle Add & Delete Form

Church or School _____ Phone _____
Address _____ Fax _____
City _____ E-mail _____
Insurance billing # _____ Date reported _____

ADD vehicle

1. Year _____
2. Make/model _____
3. Body type:
Sedan Coupe Station Wagon
Pick-up Van Bus Truck
4. VIN (Vehicle ID #) _____
5. License number _____
State _____
6. Purchase price _____
7. Purchase date _____
8. Name of primary vehicle operator(s):

9. If vehicle is a pick-up or truck indicate:
½ Ton ¾ Ton 1 Ton
If vehicle is larger than 1 ton indicate
gross vehicle weight _____
Use _____
10. If vehicle is a van or bus:
Passenger capacity _____
Use _____

Note:

An insurance identification card will be provided for this vehicle.

Please contact the Risk Management Office at (503) 233-8360 with any questions.

DELETE vehicle

1. Date sold _____
2. Year _____
3. Make/model _____
4. VIN (Vehicle ID #) _____

NOTE: The Risk Management Office must be notified within 30 days after the sale date.

SUBMITTED BY:

Name _____ Phone _____ Date _____

SUBMIT FORM TO:

Risk Management Office, Archdiocese of Portland in Oregon
2838 East Burnside Street – Portland, Oregon 97214
Phone (503) 234-5334 – Fax (503) 234-2903
