



**DRIVER INFORMATION SHEET**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Vehicle That Will Be Used (complete only if using personal vehicle)**

Name of Owner \_\_\_\_\_ Model of Vehicle \_\_\_\_\_  
 Address of Owner \_\_\_\_\_ Make of Vehicle \_\_\_\_\_  
 \_\_\_\_\_ Year of Vehicle \_\_\_\_\_  
 License Plate # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Registration Expiration Date \_\_\_\_\_

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

**Insurance Information (complete only if using personal vehicle)**

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that Specific vehicle.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Date or Policy Expiration \_\_\_\_\_ Liability Limits of Policy\* \_\_\_\_\_

(\*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

**Please be aware when using a personal vehicle, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.**

**Driving History**

Have you had any of 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 that may affect your driving?	_____	_____

*I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and, if driving a personal vehicle, have current vehicle registration and the required insurance coverage in effect on the vehicle. I agree that I will refrain from using a cell phone or any other electronic device while driving.*

**Driver's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_