



ST. AGNES SCHOOL  
EDUCATION WITH HEART AND SOUL

# St. Agnes School

## Volunteer Driver Information Form

In New York State, coverage follows the owner of the vehicle. That is, the owner's own family's automobile insurance policy is the primary insurance in effect to cover claims arising out of an accident during a bona fide parish/school function. If claims arising are of an accident during a bona fide function exceeding the family auto policy, the Protected Self Insurance Program automobile coverage is excess to that policy and under most circumstances would respond to claims beyond the volunteer's policy. Persons acting as volunteers who seek protection under this Diocesan coverage are required to stay within the scope of their activities in terms or routes taken. In other words, coverage beyond the family auto policy would be afforded only for "point A to point B" trips and would not respond where deviations are taken.

### I. Driver(s)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### II. Vehicle that will be used (if there is more than one vehicle that may be used, please complete for both vehicles)

Name of owner (s) \_\_\_\_\_

Address of owner \_\_\_\_\_

Year and Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

State \_\_\_\_\_ Registration Expires \_\_\_\_\_ Inspection Expires \_\_\_\_\_

Year and Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

State \_\_\_\_\_ Registration Expires \_\_\_\_\_ Inspection Expires \_\_\_\_\_

### III. Insurance Information –when using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Liability Limits of Policy \_\_\_\_\_

\*\*\*Please note : The minimum acceptable liability limit for privately owned vehicles is \$100,000 per person/  
\$300,000 per accident.

### 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 a volunteer driver, I must be 21 years of age or older, hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_