

Catholic Pro-Life Committee
Driver "Proof of Insurance" Form

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Driver's License #: _____

Attached Proof of Insurance: _____ Yes _____ No

Name of Insurance Co. _____

Insurance Policy #: _____

Effective Dates of Policy: From _____ To _____

Contact Information for Insurance Co.: Phone Number _____

Address: _____

It is my understanding that as a volunteer for Catholic Pro-Life Committee (CPLC), when driving my vehicle, I am responsible for any passengers and affirm that I will at all times maintain automobile insurance that will cover any injury to said persons.

Should I change insurance from that listed above, I will send a "proof of insurance" to the CPLC Safety Director, 972-385-3851

As long as you maintain the same company/coverage, an update with CPLC is not necessary until the updated required every three years.

Name, printed

Signature

Date

Please fax this completed form and a copy of your proof of insurance provided by insurance company to:

CPLC Safety Director Fax: 972-385-3851