



# *Ecole Notre Dame des Victoires*

659 Pine Street • San Francisco, California 94108

[www.ndvsf.org](http://www.ndvsf.org)

## THE ARCHDIOCESE OF SAN FRANCISCO

### DRIVER'S INSURANCE VERIFICATION

I carry my own Automobile liability insurance with limits \$ \_\_\_\_\_

and Medical Payments coverage with limits of \$ \_\_\_\_\_

Make / Model / Color / Year of vehicle to be used: \_\_\_\_\_

My driver's license # (please attach copy of license) \_\_\_\_\_

My insurance carrier is: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Expires: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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

Please attach copy of California Driver's License