

# *Catholic Mutual ... "CARES"*

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## FIELD TRIP

### (DRIVER INFORMATION SHEET)

#### Driver

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

#### Vehicle That Will be Used

Name of Owner \_\_\_\_\_ Address \_\_\_\_\_

Model of Vehicle \_\_\_\_\_ Make of Vehicle \_\_\_\_\_

Year of Vehicle \_\_\_\_\_

License Plate # \_\_\_\_\_ Registration Expires \_\_\_\_\_

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

#### Insurance Information

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

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Date of Policy Expiration \_\_\_\_\_

Liability Limits of Policy\* \_\_\_\_\_

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

#### 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 25 years of age or older, possess a valid driver's license, have the proper and correct license and vehicle registration, and have the required insurance coverage in effect on my vehicle used to transport students.

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

# *Catholic Mutual ... "Se Preocupa"*

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## EXCURSIÓN

(FORMA DE INFORMACIÓN PARA CHOFERES)

### Conductor

Nombre \_\_\_\_\_ Dirección \_\_\_\_\_

Numero de teléfono \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Num. de Seguro Social \_\_\_\_\_

Numero de licencia \_\_\_\_\_ Fecha de expiración \_\_\_\_\_

### Vehículo que sera utilizado

Nombre del propietario \_\_\_\_\_ Dirección del propietario \_\_\_\_\_

Modelo del vehículo \_\_\_\_\_ Marca de vehículo \_\_\_\_\_

Año del vehículo \_\_\_\_\_

Numero de places \_\_\_\_\_ Fecha de expiración \_\_\_\_\_

Si más de un vehículo va a ser utilizado, la información anterior debera ser obtenida para cada vehículo.

### Información del Seguro

Cuando se utilice un vehículo particular, los limites de la cobertura seran los límites provistos por la póliza de dicho vehiculo.

Nombre de la compañía de seguros \_\_\_\_\_

Numero de poliza \_\_\_\_\_

Fecha de expiración \_\_\_\_\_

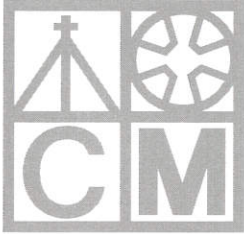
Límites de responsabilidad de la póliza\* \_\_\_\_\_

\*Nota: Los límites minimos de responsabilidad que seran aceptablea para los vehículos particulares son de \$100,000/\$300,000.

### Certificación

Certifico que la información contenida en este formulario es verdadera y correcta a mi leal saber. Tengo entendido que como un conductor de voluntario, debo ser 25 años de edad o más, poseen licencia de conducir válida, tienen la licencia adecuada y correcta y registro del vehículo y tener la cobertura del seguro requerida en efecto en mi vehículo utilizado para el transporte de los estudiantes.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_



## CATHOLIC MUTUAL GROUP®

*serving the temporal needs of the church since 1889*

### ***FIELD TRIP***

#### ***TRANSPORTATION POLICY***

Commercial carrier or contracted transportation is the most desirable method to be used for field trips and, whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if at all possible. If commercial carriers are used (i.e. commercial airlines, trains, or buses), no further information is required. However, if transportation is contracted, signed contracts should be executed with an appropriate hold harmless agreement protecting the parish/school and the Roman Catholic Bishop of San Bernardino, A Corporation Sole. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 CSL (Combined Single Limit).

#### **Leased Vehicles**

If a vehicle is leased, rented, or borrowed to transport participants to and from the event, appropriate insurance should be obtained. Coverage can be purchased through the rental company or your local agent. If auto coverage is provided through Catholic Mutual, contact should be made with your Member Services Representative. **COVERAGE CANNOT BE AUTOMATICALLY ASSUMED FOR LEASED, RENTED OR BORROWED VEHICLES.**

#### **Private Passenger Vehicles**

If a private passenger vehicle must be used, then the following information must be supplied and this information must be certified by the driver in question.

1. The driver must be 25 years of age or older.
2. The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
3. The vehicle must have a valid and current registration and valid and current license plates.
4. The vehicle must be insured for the following limits: \$100,000 per person / \$300,000 per occurrence.

A signed **Driver Information Sheet** for each driver must be obtained prior to the field trip.

Each driver and/or chaperone should be given a copy of the approved itinerary including the route to be followed and a summary of his/his responsibilities.

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