



# Greenville Unitarian Universalist Fellowship

## FIELD TRIP DRIVER INFORMATION

Driver Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License #/State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_

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

Have you been arrested for or convicted of a DUI or DWI, or had your driver's license suspended for any reason in the last five years?    Yes    No

If yes, please explain: \_\_\_\_\_

### Vehicle #1

Make/Model Year: \_\_\_\_\_ License Plate #/State \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Registration: Yes \_\_\_\_\_ No \_\_\_\_\_ Insurance Card: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Seatbelts (including driver): \_\_\_\_\_

### Vehicle #2

Make/Model Year: \_\_\_\_\_ License Plate #/State \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Registration: Yes \_\_\_\_\_ No \_\_\_\_\_ Insurance Card: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Seatbelts (including driver): \_\_\_\_\_

I affirm that I have automobile liability coverage in force on the above listed automobile(s) for bodily injury minimums of at least \$100,000 per person/\$300,000 per accident. I understand and agree that my insurance is to provide the primary coverage in the event of an accident.

Driver's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Verified by \_\_\_\_\_

Date \_\_\_\_\_