

**SAINT SIMON CATHOLIC SCHOOL  
DRIVER'S INSURANCE VERIFICATION FORM**

I, \_\_\_\_\_, agree to utilize my vehicle, a \_\_\_\_\_  
(Year) (Color) (Make) (Model) to transport students

of Saint Simon Catholic School to and from \_\_\_\_\_

on \_\_\_\_\_. I carry my own automobile liability insurance with  
limits of \$ \_\_\_\_\_ / \_\_\_\_\_ and medical coverage with liability limits of \$ \_\_\_\_\_.

(It is strongly recommended that you have liability limits of \$100,000.00 per person, \$300,000.00 per occurrence, \$50,000.00 property damage, and a minimum medical coverage of \$1000.00.)

My Insurance Carrier is: \_\_\_\_\_

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

My Agent is: \_\_\_\_\_  
\_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ Expiration. Date: \_\_\_\_\_  
**(Please attached a photocopy of your valid Driver's License)**

*Driver's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Number of Passenger seats with seat belts (not including front passenger seat): \_\_\_\_\_

I am 25 years of age or older \_\_\_\_\_ YES \_\_\_\_\_ NO (All drivers must be 25 years or older.)

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**FOR TEACHER USE ONLY**

Names of students in \_\_\_\_\_'s car:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_