

# Ministry Driver Listing As of Date \_\_\_\_\_

**Please complete all sections for all drivers. Please type or print legibly.**

Insured \_\_\_\_\_ Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Description	Driver # 1	Driver # 2	Driver # 3	Driver # 4	Driver # 5
Last Name	_____				
First Name	_____				
Middle Initial	_____				
Date of Birth	_____				
Driver's Lic #					
State of Issue					
Lic Commercial Y/N					
Yrs. Driving	_____				
Yrs Experience with Veh					
* Restrictions Y/N	_____				
# Of Minor Violations					
** # Of Major Violations					
# of Not-at-Fault Acc					
# of At Fault Acc					
Dr. Personal Auto Ins					
*** Position in Ministry					
15 Pass Van Driver					
Reg or sub Driver					
Comments					

**Person responsible for this data**

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Person Qualified by position to Sign for Insured

\_\_\_\_\_  
Please also print name

\_\_\_\_\_  
Title/Position of Signer

\* If license has restriction for other than glasses or outside mirror, mark Yes and explain in Comments

\*\* Major moving violation include but are not limited to these examples: reckless driving, speed excess, driving under the influence, and fleeing the scene of an accident

\*\*\*Role examples: youth director, pastor, assistant pastor, youth chaperone, day care provider