



## CATHOLIC MUTUAL GROUP®

*servicing the temporal needs of the church since 1889*

### Transportation Policy

Commercial carrier or contracted transportation is the most desirable method to be used 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 (Arch) Diocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of **\$5,000,000** CSL (Combined Single Limit), and name the **Parish** and **The Roman Catholic Bishop of San Bernardino** as an additional insured.

**DO NOT ALLOW 11-15 PASSENGER VANS TO BE USED FOR TRANSPORTATION.**

#### Leased Vehicles

If a vehicle will be leased, rented, or borrowed to transport participants, 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 license plates.
4. The vehicle must be insured for the following minimum limits:  
\$100,000 per person/\$300,000 per occurrence.

The attached Driver Information Sheet for each driver must be obtained prior to the trip. Each driver and/or chaperon should be given a copy of the approved itinerary including the route to be followed and a summary of responsibilities.

1201 East Highland Avenue  
San Bernardino, CA 92404-4641  
(909) 886-6001  
Facsimile (909) 883-9311

# Catholic Mutual Group

## VOLUNTEER/EMPLOYEE DRIVER FORM

Full name of driver: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Insurance Company (Name / Address / Phone):  
\_\_\_\_\_  
\_\_\_\_\_

Liability Limit (Minimum limits \$100,000/\$300,000 required): \_\_\_\_\_

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

- |   | <u>TRUE</u>              | <u>FALSE</u>             |
|---|--------------------------|--------------------------|
| 1. I have <b>NOT</b> had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three (3) years.                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have <b>NOT</b> had two (2) or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven (7) years. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have <b>NOT</b> had more than three (3) moving violations or accidents in the last three (3) years.  | <input type="checkbox"/> | <input type="checkbox"/> |

**Please be aware that as a volunteer driver, your insurance is primary.**

Thank you for helping with our transportation needs.

### **Certification:**

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be twenty-five (25) years of age or older, possess a valid driver's license, current vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

\_\_\_\_\_  
**Volunteer Driver's Signature**

\_\_\_\_\_  
**Date**