

ARCHDIOCESE OF LOS ANGELES  
DRIVER'S INSURANCE VERIFICATION FORM  
FORM #E.3.2

I carry my own Automobile Liability Insurance with limits of: \$\_\_\_\_\_

And Medical Payments coverage with limits of \$\_\_\_\_\_

Make, model, year of vehicle to be used:

)\_\_\_\_\_

)\_\_\_\_\_

)\_\_\_\_\_

My insurance carrier is: \_\_\_\_\_

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

Policy Expires: \_\_\_\_\_

My agent is: \_\_\_\_\_

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

\_\_\_\_\_

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

Driver's Name: (PLEASE PRINT) \_\_\_\_\_

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

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

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

Date: \_\_\_\_\_

**NOTE:** This form is for use by the employees and Volunteers who drive their personal autos on Archdiocese, School, Parish or Agency business and services.