

Traverse City Christian School
Insurance Verification Form

This form shall be filled out by any parent transporting students in his/her vehicle. 1 Form per person please

PLEASE SUBMIT A COPY OF YOUR VALID DRIVER'S LICENSE WITH THIS FORM

Driver Name: _____ Date of Birth: _____

Vehicle 1

Owner of vehicle that will be used: _____

Address of Owner: _____

Year, Make & Model: _____

License Plate: _____ Registration Expires: _____

Insurance
Company: _____

Policy #: _____ Expiration Date: _____

Liability Limits of Policy*: _____

Vehicle 2

Owner of vehicle that will be used: _____

Address of Owner: _____

Year, Make & Model: _____

License Plate: _____ Registration Expires: _____

Insurance
Company: _____

Policy #: _____ Expiration Date: _____

Liability Limits of Policy*: _____

I acknowledge that all volunteers (including drivers) are subject to background checks. I understand that I will be contacted via the email address below to submit my information electronically for the background check to be processed. My current email address is: _____.

I hereby certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer/employee driver, I hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students, co-employees, service recipients and/or act on behalf of the school or related entities.

Signature: _____ Date: _____