

## Vehicle Insurance Information Form

I own a car:                      Yes              No

NAME OF INSURANCE COMPANY:

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I own a motorcycle:              Yes              No

NAME OF INSURANCE COMPANY:

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I drive a vehicle registered under another name:              Yes              No

NAME OF INSURANCE COMPANY:

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**Please attach copies of:**

- Driver's license
- Vehicle registration
- Insurance proof

***ALL SEMINARIANS IN THE DIOCESE OF SAN BERNARDINO WHO DRIVE PRIVATE VEHICLES, ARE REQUIRED TO CARRY INSURANCE COVERAGE.***

*I swear under penalty of perjury the above to be true and correct.*

**NAME:** \_\_\_\_\_

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_