



Name of Ministry:

Address:



Northlake Baptist Church
4823 Thompson Bridge Rd
Gainesville GA 30506

City, State, Zip:

Policy Number:

Ministry Driver Screening

Driver's name (as shown on license): _____

Date of birth: _____

Social Security number: _____

(Please provide your SSN only if you've given your ministry leader permission to purchase a copy of your driving records.)

Driver's license state and number: _____

Is this a commercial driver license? Yes No

Which vehicle will you be driving? Make: _____ Model: _____ Year: _____

Are you the primary driver? Yes No

Primary driver = You drive the vehicle more than once per month or more than 12 times per year.

In the past three years:

- 1. Have you been at fault for any accidents? Yes No
- 2. Have you had any moving traffic violations? Yes No
- 3. Have you had any insurance company cancel or refuse to provide you with auto insurance? Yes No
- 4. Have you had your drivers license revoked, suspended, or restricted? Yes No
- 5. Have you had any physical impairments other than corrective glasses? Yes No
- 6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"? Yes No

If any question(s) 1-6 have been answered with "yes," please provide full details below: (dates, descriptions, amounts, or other explanation).

Signed

Date

Note: Brotherhood Mutual Insurance Company encourages ministries to adopt a driver selection process by requiring them to name one primary driver per vehicle for commercial auto policies. Use this form as a tool for collecting the information required to complete the *supplemental application form: Commercial Vehicle Driver Information (A 98)*. Complete information for primary drivers will be required to process an application for commercial vehicle coverage.

Vehicle Request Form

Today's Date: _____

Person making request: _____

Person responsible for vehicle: _____

Work or Cell Phone: _____ Home Phone: _____

Date of trip: _____ Number in group _____

Name of Group or Organization: _____

Destination: _____

Purpose of trip: _____

Time of departure: _____ Time to return: _____

Driver(s):

Name: _____ DL # _____ + _____

Name: _____ DL # _____

Name: _____ DL # _____

Check with office 24 hours before trip to obtain keys. The vehicle must be returned to the parking lot for security reasons. The vehicle must be returned clean. Problems with the vehicle must be reported to the office immediately.

OFFICE USE ONLY

Request approved by _____ Date _____

Vehicle(s) assigned _____ License # _____

_____ License # _____

Vehicle Driver Responsibilities

1. Requisition Approval is Required Prior to Use (Forms Available in the Church Office).
2. Must Be on Approved Driver List to Operate This Vehicle.
3. No Food or Beverage (Except Bottled Water) Within 20 Feet of the Vehicle.
4. No Usage of Tobacco Products within 20 Feet of the Vehicle.
5. No Standing While the Vehicle is in Motion.
6. Seatbelts and Safe Behavior Needs to be observed at all Times.
7. The Driver is Responsible for Staying within Speed Limits and Obeying all Traffic Signs and Signals. The Driver is Personally Responsible for Fines Assessed for Breaking Laws.
8. Report any Difficulties/Damage Immediately Upon Return of Vehicle.
9. Return the Vehicle Cleaned and Refueled.
10. Have Fun! Knowing That Our Church Name and Testimony Depends on the Driver and Passengers.

I Have Read and Understand the Above Responsibilities and Agree to Abide by Them.

Driver #1 _____ Date _____

Driver #2 _____ Date _____

Driver #3 _____ Date _____