

BSA Troop 146 Middlebrook Pike UMC DRIVER INFORMATION FORM



Name of Driver:		
Address:		
City:	State:	Zip:
Home Phone:	Mobile Phone:	
Driver's License Information:		
State: Driver's License	Number:	Expiration Date:
Vehicle Insurance Information:		
Insurance Company:		
Expiration Date:	Renews Every	Months
Umbrella Coverage: \$	Property Damage	Each Occurrence: \$
Bodily Injury (Liability) – Each Person: \$	\$ Eac	ch Occurrence: \$
Vehicle(s) Information:		
Vehicle #1 : Make:	Mo	del:
Year: Number	of Seat Belts:	
License Plate Number:	Sta	te of License Plate:
Vehicle #2: Make:	Mo	del:
Year: Number	of Seat Belts:	
License Plate Number:	State of License Plate:	
and property damage liability insurance policy. The the vehicle is licensed. (It is recommended, howeve limit.) Any vehicle carrying 10 or more passengers is requirement of coverage limits can be met by comb	amount of this coverage must meet or exer, that coverage limits are at least \$50,000 s required to have \$1,000,000 combined signing the limits of personal coverage carrille the United States must carry a public lial	· · · · · · · · · · · · · · · · · · ·
Driver agrees to notify Troop 146 in the ex revocation. The vehicle used by Driver wil		-
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Driver's Signature:		Date: