



Name of Ministry: Rocky Mountain Calvary
 Address: 4285 N. Academy Blvd.
 City, State, Zip: Colorado Springs, CO 80918
 Policy Number: 05A373159

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 driver's 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.

Contact info: