



Berkeley High Coup Ultimate – Use of Private Vehicle

DRIVER(s) INFORMATION: (please print)

Driver 1: _____
 Street Address _____
 City, State Zip _____
 Driver 1- License: _____ / _____
License Number State
 Driver 1- License Expiration Date: _____

Driver 2: _____
 Street Address _____
 City, State Zip _____
 Driver 2- License: _____ / _____
License Number State
 Driver 2- License Expiration Date: _____

ATTACH A CURRENT COPY OF DRIVER'S LICENSE.

VEHICLE(s) INFORMATION: (please print)

Vehicle 1- License Plate: _____
 Make _____ Model _____ Year _____
 Number of available seat belts: _____
 Registered Owner: _____
 Street Address _____
 City, State Zip _____
 Contact Phone: (____) _____

Vehicle 2- License Plate: _____
 Make _____ Model _____ Year _____
 Number of available seat belts: _____
 Registered Owner: _____
 Street Address _____
 City, State Zip _____
 Contact Phone: (____) _____

INSURANCE INFORMATION: (please print)

Each vehicle must have liability insurance of at least \$300,000.

Insurance Carrier: _____
 Policy Number: _____ Effective Date: _____ Expiration Date: _____
 Insurance Agent: _____ Phone: (____) _____
 Street Address _____ City, State Zip _____

ATTACH A CURRENT COPY OF VEHICLE INSURANCE CARD.

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, current vehicle registration and at least \$300,000 in insurance coverage for the vehicle I use to transport Berkeley High Coup Ultimate players and/or for Berkeley High Coup Ultimate/BHS Ultimate Club business. I understand that my personal automobile liability insurance policy must be primary in the event of an accident and that Berkeley High Coup Ultimate/BHS Ultimate Club provide no insurance coverage for my personal vehicle or property.

Driver 1 _____
Signature Name – Please Print Date
 Driver 2 _____
Signature Name – Please Print Date