



# *Driver Questionnaire*

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Please list the specific ministries of FBC for which you drive:

\_\_\_\_\_  
\_\_\_\_\_

Please list below any driving infractions that you have had in the past three years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit the following along with this form:

- A New Copy of your **Driver's License**
- A Copy of your **Medical Examiner's Certificate** (only if you have a CDL license)
- A Copy of the **declarations page** from your current insurance policy. This shows the types and levels of coverage that you carry on your vehicle. Every driver who drives on behalf of FBC must carry Liability Insurance levels of \$100,000 per person and \$300,000 per accident on their personal vehicle.

By signing below, I certify that the information I have given above is accurate and that I have not withheld any information pertaining to my driving history. I authorize the Risk Management Committee to obtain a current Motor Vehicle Record regarding my driving record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date