

**DIOCESE OF BOISE**  
**PRIVATE VEHICLE USE APPLICATION**



Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Automobile Insurance Company: \_\_\_\_\_

Agents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE BE AWARE:

IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE PRIMARY COVERAGE. THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: \$100,000 (PER INJURY)/\$300,000 (PER ACCIDENT) OR \$300,000 COMBINED SINGLE LIABILITY (CSL).

IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO STATE SAFETY BELT LAWS AND REGULATIONS. IT IS THE DRIVER'S RESPONSIBILITY TO ENSURE THIS POLICY IS FOLLOWED.

Certification

*This certifies that the information given is true and complete and that to the best of my knowledge, the vehicle is currently in a safe operating condition. I understand that I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport others. I agree that I will refrain from using a cell phone or any other handheld electronic device while driving my vehicle.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for helping us with our transportation needs!**