

**FLORIDA CONFERENCE**  
**ADVENTURER VOLUNTEER DRIVER QUESTIONNAIRE**  
**CLUB OF THE YEAR REQUIREMENT**  
**(PERSONAL VEHICLE) (Due Nov. 1)**

(Must complete and sign this form if you are a staff member providing transportation to Adventurers during this Adventurer year 2014-2015)

Name \_\_\_\_\_ Age \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Membership: \_\_\_\_\_

Do you have a current auto insurance policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Limit of Liability \$ \_\_\_\_\_ **MUST BE FILLED IN**

(Minimum \$100,000/300,000 required)

**(MUST HAVE REQUIRED LIMIT OF LIABILITY FOR TRANSPORTING ADVENTURERS, PLEASE PUT THE AMOUNT IN THE BLANK SPACE)**

Medical/PIP Limit \$ \_\_\_\_\_ **MUST BE FILLED IN**

**(Personal Injury Protection – cannot be less than \$10,000)**

**Have you been involved in any at fault accidents within the last three years?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe below:

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

**Have you been cited for any moving violations within the last three years?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe below:

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

I understand that should I be involved in an accident while driving for the Adventurer Club, my personal insurance will be primary.

Further, I agree not to carry more passengers than the official rated load capacity for my vehicle. All vehicle occupants will be required to wear seat belts (no double belting allowed).

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church: \_\_\_\_\_

**(SIGNATURE REQUIRED- PLEASE DO NOT SUBMIT FORM WITHOUT SIGNATURE)**

Submitted Drivers' Questionnaire form (**Church owned vehicle**) to FL Conference RMD

If no drivers please indicate by checking this box.



Adventist Risk Management, Inc.  
12501 Old Columbia Pike  
Silver Spring, MD 20904-6600

DRIVERS'  
QUESTIONNAIRE

Conference or Institution FLORIDA

**PLEASE COMPLETE ALL BLANKS**

DRIVER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
Last First Middle Mo/Day/Year

DRIVER'S LICENSE # \_\_\_\_\_ SS# \_\_\_\_\_ STATE LICENSE IN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
City State Zip Code

WHAT OTHER STATE HAVE YOU HAD A DRIVER'S LICENSE IN THE LAST 3 YEARS \_\_\_\_\_

SDA ENTITY YOU DRIVE FOR (Conference or Institution) \_\_\_\_\_

TYPE OF VEHICLE YOU DRIVE FOR DENOMINATION:  Utility  School Bus  Auto  Semi-Tractor  Church Van  Other (Explain) \_\_\_\_\_

NUMBER OF YEARS DRIVING EXPERIENCE IN THIS TYPE OF VEHICLE: \_\_\_\_\_

NUMBER OF MILES DRIVEN ANNUALLY \_\_\_\_\_

PLEASE LIST ALL CITATIONS AND ANY ACCIDENTS IN THE LAST THREE YEARS. GIVE THE DATES, DETAILS AND LOCATION OF EACH CITATION AND/OR ACCIDENT.

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

I hereby authorize Risk Management Services, Inc., to obtain my Motor Vehicle Operating Record. In the event of a sub-standard record, I understand Risk Management Services, Inc., may notify my employer. Otherwise, the information is kept confidential.

\_\_\_\_\_  
Signature Date

MVR ORDERED \_\_\_\_\_ NUMBER OF ACCIDENTS \_\_\_\_\_  
NUMBER OF CITATIONS \_\_\_\_\_ NOTIFIED R. M. \_\_\_\_\_

\_\_\_\_\_  
Signature (Field Services Representative)

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MS180 09/12/95