

2985 Richardson Drive

P. O. Box 132

Auburn, CA 95604

530-885-1921



## AUBURN INTERFAITH FOOD CLOSET, Inc.

### Annual Vehicle Liability Insurance Verification Form

The AIFC insurance carrier requires us to obtain automobile insurance information annually from all those who drive their own vehicle while conducting AIFC business. This helps reduce our insurance rate.

Examples of volunteers who need to supply insurance information: drivers, weekend gleaners, supervisors or others who pick up or deliver food or supplies, people who make AIFC bank deposits, or pick up mail. If not sure, please complete the form. Driving to the food closet for your work shift or coming to meetings is not included. If you do not currently drive for AIFC, please return the section below telling us that you are not driving. You do not need to provide insurance information.

If this applies to you, **please complete the form below and return to the Food Closet as soon as possible.**

I understand that if I drive my personal vehicle on behalf of the Food Closet, I must have valid liability insurance for my vehicle of at least \$35,000 as required by Section 16056 of the California Vehicle Code.

Please Print:

Your Name	Your Address	Your Phone
Name of Auto Insurance Company	Policy Number	Date Expires
Address of Insurance Company	Phone Number of Insurance Company	California Driver License No.

This information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date entered into Computer: \_\_\_\_\_ Initials: \_\_\_\_\_