



PO Box 178  
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**RESPONSE REQUIRED**

February 1, 2026

Re: Archdiocese of Milwaukee Participant's Indemnity Plan 2026 Vehicle Audit

Dear Member Parish, School or Organization:

We are conducting a motor vehicle audit for the Archdiocese of Milwaukee Participant's Indemnity Plan. The last audit was completed in 2024. **Please complete and return the form via fax, mail, or email [snickolai@catholicmutual.org](mailto:snickolai@catholicmutual.org) before April 1, 2026. This information is used to place coverage for your location's vehicles.**

1. Does your Parish/School/Organization currently own at least one motor vehicle or trailer weighing over 2,000 lbs.? Yes  No

2. Please review the Participant's Indemnity Plan's Transportation Policy attached. Individuals driving on behalf of the parish or school need to go through the driver approval process every three years. If you have **any approved drivers that have not been rechecked within the last three years**, please list the driver's name, date of birth, license number, and state in which the license was issued for each driver of your owned vehicles. (If more than four drivers, send separate sheet):

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Driver's License Number</u>	<u>State</u>

3. Does your Parish/School/Organization currently own a 10-15 passenger van? Yes  No   
 If yes, is it used for cargo only with seats removed? Yes  No

Is the van a Ford Transit 150 approved by Catholic Mutual? Yes  No

4. Please list the year, make, model, VIN, # occupancy, and primary use of all vehicles owned by the Parish/School/Organization (including trailers). Attach a copy of each vehicle's title if you have not already provided us a copy. (If more than three vehicles use additional sheet; If none, please indicate **NONE**)

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN</u>	<u># Occupancy</u>	<u>Primary Use</u>

5. Does your Parish/School/Organization currently lease any vehicles? Yes  No   
 If yes, please indicate leased vehicles below:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN</u>	<u># Occupancy</u>	<u>Lease Term</u>

6. \_\_\_\_\_  
 Name of Parish, School, or Organization                      City                      Person Competing Form (Please Print)  
 Phone Number                      Email                      \_\_\_\_\_