



Responsibility for Safe Operation and Personal Vehicle Insurance

Sample

Your job will require (replace with either occasional or frequent) use of your personal vehicle. Since (entity name) does not own your vehicle, they cannot insure it for primary* coverage.

- I understand I will be using my own vehicle for business purposes.
- I have received and understood the entity's fleet safety rules.
- I will provide insurance and it will be "primary*" or used first in case of accident. I understand that the employer's automobile insurance does not cover me while I am operating my personal vehicle until my coverage has been exhausted and that I am responsible for liability arising out of my operation of the vehicle. [If the claim exceeds your policy limits, the entity has additional coverage for these substantial claims]
- I understand I will be responsible for my deductible payment because of a claim.
- I understand my driving privileges are contingent upon maintaining insurance and in maintaining an acceptably clear Motor Vehicle Record (MVR).
- I understand it is my responsibility to maintain my vehicle according to the vehicle's manufacturer.
- I have, or agree to provide, evidence of my personal automobile insurance coverage to (entity name) on this date and I agree to submit any changes or renewals as long as my driving responsibilities with the entity continue.

Employee Signature

Date

*Primary coverage can be provided only by the titled owner, renter, or lessee, of the vehicle.