

Dear Employee,

From time to time it may be necessary for you to drive your personal vehicle on company business. The purpose of this letter is to remind/advise you of our policy regarding such.

Any individual who drives his or her personal vehicle on company business or to/from a company activity is responsible for his or her own safety as well as the safety of any passengers. The employer bears no responsibility for the operation or operating condition of personal vehicles and expects drivers of personal vehicles to comply with applicable local, state and federal laws.

The owner of the vehicle must carry at least the minimum automobile liability limits required by state law. The owner's automobile liability coverage shall be the primary insurance coverage. The owner of the vehicle is responsible for any applicable deductible (e.g., liability or collision coverage) and is responsible for any increased personal automobile insurance premiums as a result of any accidents. There is no physical damage coverage through the employer for personal vehicles. The employee reimburses the use of a personal vehicle for official company business at the standard mileage rate. The rate is intended to cover all costs associated with owning a vehicle, including physical damage insurance.

Claims arising from use of a personal vehicle are to be reported to the employer and the owner's insurance company/agent.

Remember, the auto insurance you buy is what will protect you on or off company time. Our company automobile insurance policy provides no coverage for your vehicle.

### **Employee's Acknowledgment**

I acknowledge reviewing the above memo and understand my employer's policy regarding the use of my personal vehicle on company business.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

**EMPLOYEE INFORMATION**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please secure a copy of the following documents and place in employee's personnel file**

\_\_\_\_ Driver's License Enter expiration date: \_\_\_\_\_

\_\_\_\_ State Vehicle Registration Enter expiration date: \_\_\_\_\_

\_\_\_\_ Proof of Insurance\* Enter expiration date: \_\_\_\_\_

**\*Make sure Proof of Insurance matches the information contained in the State Vehicle Registration.**

**This document needs to be updated on each of the above expiration dates**