

DRIVER'S STATEMENT
(Employee Use of Personal Vehicle)

As a driver for _____, I recognize that, in the event of an automobile accident chargeable to me, my vehicle insurance will be considered the primary coverage for all claims, judgements, and liability for any injury and damage to any and all persons that I may be transporting to and from an event or trip for which I am driving.

I attest that I have a current and valid driver's license that is in good standing with the State of Ohio. I carry automobile insurance coverage with adequate limits to cover any and all persons that I may be transporting and to cover any and all claims that may arise against me.

Driver's signature _____

Date _____