

EMPLOYEE DRIVER STATEMENT

(Employee Use of Personal Vehicle)

Name of Organization: _____

Instructions: Please complete and sign this form, attach a photocopy of your driver's license and vehicle insurance card, and return this form to _____. Please let _____ know if you have any questions.

Driver's Name

Name: _____ Date of Birth: _____

Address: _____

Vehicle that will be used

Name of Owner: _____

Address of Owner: _____

Year and Make: _____ License Plate: _____

If more than one vehicle is to be used, the above information must be provided for each vehicle.

Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I hold a valid driver's license. I certify I am the owner of the vehicle to be used, or have the express permission of the owner of the vehicle to use the vehicle. In addition, I certify that the vehicle will be insured at all relevant times with the recommended insurance coverage (minimum bodily injury liability coverage limits of \$100,000 per person / \$300,000 per occurrence; and minimum property damage coverage of \$50,000 (or a Combined Single Limit of \$300,000)), and understand that in the event of an automobile accident chargeable to me, this vehicle insurance will be the primary coverage for any resulting claims.

Additionally, I agree that I will follow the Organization's rules, and that I will comply with all applicable laws and regulations while operating the vehicle.

Driver Signature: _____

Date: _____

Phone Number: _____ Email: _____