



CATHOLIC DIOCESE of CLEVELAND

Master Insurance Program

Automobile Coverage

LIABILITY INSURANCE is provided by the master policy, in the amount of **\$1,000,000**, for both automobile bodily injury and property damage claims. The policy agrees to pay on behalf of the insured all sums which the insured shall become obligated to pay as damages by reason of liability imposed by law and arising out of the ownership, operation, or use of any automobile. The policy provides coverage for all vehicles owned or leased by parishes and institutions. **THIS POLICY DOES NOT INSURE VEHICLES PERSONALLY OWNED BY, OR LEASED TO, CLERGY OR ANY OTHER INDIVIDUAL!**

MEDICAL PAYMENTS INSURANCE, in the amount of **\$5,000 per person**, is provided to pay for reasonable expenses for necessary medical, dental, surgical, ambulance, hospital, and professional nursing services incurred for injuries sustained while in, upon, entering, or alighting from an insured vehicle.

COMPREHENSIVE INSURANCE is provided for all vehicles scheduled under the master policy. Comprehensive coverage pays for all losses of physical damage incurred from other than collision, such as losses due to theft, fire, windstorm, glass breakage, flood, and similar perils. All comprehensive losses are subject to a **\$250 deductible per claim**.

COLLISION INSURANCE covering loss or damage resulting from striking another object or by upset is provided for all scheduled vehicles. Collision insurance does not apply to private passenger vehicles over ten (10) model years old. Please refer to the bottom of your vehicle schedule for the model year exclusion applicable for collision physical damage. All collision losses are subject to a **\$500 deductible per claim**.

NON-OWNERSHIP AND HIRED CAR LIABILITY INSURANCE is also provided by the master policy. Non-ownership liability insurance provides protection for the **INSURED** arising out of the use of personal vehicles owned and/or operated by the insured's employees, volunteers, or agents. Hired car liability insurance protects the **INSURED** if the insured at any time hires a vehicle for its use and, while under hire, causes injury to third parties.

UNINSURED/UNDERINSURED MOTORISTS INSURANCE is provided with limits of \$500,000. This pays for damages caused to the insured by an uninsured or underinsured motorist or hit-skip driver, while an insured is using or operating a covered vehicle scheduled under the Liability coverage section described above. This coverage pays for pain and suffering, hospital and medical bills, and all claims that could have been asserted against the third party had they carried adequate insurance coverage. This coverage does not pay for physical damage to vehicles.

LEASE/LOAN GAP COVERAGE is provided for all insured private passenger automobiles, pick-up trucks, or vans, which carry both collision and comprehensive coverage at the time of the loss. In the event of a **covered total loss** to your insured vehicle, the company will pay any unpaid amount due on the lease or loan for the covered vehicle **LESS** the following:

- The amount paid under the physical damage coverage of the policy as well as:
- any:

- overdue lease/loan payments at the time of the loss;
- financial penalties imposed under a lease for excessive use, abnormal wear and tear, or high mileage;
- security deposits not refunded by a lessor;
- costs for extended warranties, credit life insurance, health, accident, or disability insurances purchased with the loan or lease; and
- carry-over balances from previous loans or leases.

REPORTING VEHICLE CHANGES

The policy provides automatic coverage for any newly acquired vehicles (those purchased or leased by the insured location in addition to vehicles obtained and chanced as prizes for the insured's financial benefit) during the policy period. Report all vehicle acquisitions and deletions immediately to the Diocesan Property/Casualty Insurance Department. Be sure to have the year, make, model, manufacturer's vehicle identification (serial) number, and the date of the purchase or deletion prior to placing your call. In addition, if the vehicle is financed or leased, please have the **name and address of the financial or leasing institutions(s)** that require you to name them as "Loss Payee" and/or "Additional Insured" on this policy.

AUTOMOBILE DRIVER REGULATIONS

The automobile insurance policy provides coverage for the named insured and the insured's employees while driving the insured's vehicles within the scope and intent of their use. The policy is extended to provide coverage to anyone else who uses the insured's vehicle with the insured's permission. However, it is incumbent upon the insured to confirm that *every operator* of the insured's vehicles complies with *all* of the following driver requirements and that they prohibit anyone not in compliance from operating said vehicles:

- Must be twenty-one (21) years of age or older
- Possess a valid Ohio driver's license without any prohibiting restrictions;
- Not drive the insured's vehicle while under the influence of drugs or alcohol;
- Not have any physical or mental impairments or conditions which would jeopardize the safe operation of a motor vehicle;
- Use the vehicle only within the scope and context for which it was intended;
- Must have an acceptable driving record per "[MVR GRADING CRITERIA CHART](#)." The chart can be found at the end of this section.

PASSENGER VAN OPERATION – REQUIRED POLICIES & PROCEDURES

- All van usage must be in compliance with municipal, state, and federal requirements
- All passenger van drivers must be a minimum of 21 years of age.
- All operators of 15 passenger vans must have previously operated a 15 passenger van a minimum of 6 months or satisfactorily have completed a AAA or equivalent van driving course.
- All van drivers must have an acceptable Motor Vehicle Report (MVR). All passenger van drivers must be submitted to DISC annually for an MVR check.
- Vans are not to be overloaded
- All vans tire pressure must be checked weekly and maintained to manufacturers' specifications
- Driver must require all passengers to wear seat belts or the appropriate child restraints
- All passenger van drivers should be thoroughly trained on the placement of passengers and cargo. In extended vans passengers and cargo should be placed forward of the rear axel and nothing loaded on the roof.
- All passenger van drivers should be trained in the areas of speed and road conditions.

MOTOR VEHICLE REPORTS

D.I.S.C. will obtain for any master insurance program participant, without charge, a motor vehicle report on drivers of insured vehicles. On an "**MVR (Motor Vehicle Report) REQUEST FORM**," list the name of each driver, date of birth, driver's license number, and job position. Forward this information directly to D.I.S.C. for processing. The "[MVR REQUEST FORM](#)" can be found at the end of this section. *Please print your own form supply from this master!*

PRIVATELY-OWNED VEHICLES

The Diocesan insurance policy will provide coverage on behalf of the **named insured entity** for any injuries or damages sustained while operating a motor vehicle privately owned by an employee or volunteer. **The policy does not provide coverage for the individual employee or volunteer.**

Physical damage to an employee's/volunteer's vehicle is not covered by any company insurance. Such coverage, to the extent desired, must be purchased by the individual employee/volunteer.

We strongly recommend that each employee/volunteer be requested to carry automobile liability limits of at least \$100,000 per person/\$300,000 per accident bodily injury, and \$50,000 property damage (or a \$300,000 combined single limit). In any case, the employee/volunteer must carry the minimum amount of insurance to fulfill state financial responsibility laws!!!

It is incumbent upon the insured location to make sure that all volunteers and employees who use their privately-owned vehicles for the insured's business/purpose are aware of **their liability exposure** and their need to carry adequate limits of insurance coverage. Each employee or volunteer using their privately-owned vehicle for the insured's business/purpose should complete, sign, and retain in the insured's file a "[DRIVER STATEMENT](#)." A sample statement can be found at the end of this section.

COMMERCIAL DRIVERS LICENSE

All drivers who operate the following types of vehicles must be tested and obtain a commercial drivers license (CDL):

- any truck with two or more axles and a gross vehicle weight rating (GVWR) of 26,001 pounds or more;
- any vehicle transporting hazardous materials which must be placarded;
- all school and church bus drivers (special CDL endorsement required for all school bus drivers).

It is incumbent upon the insured that all drivers possess the proper operators license and endorsements required for their vehicles!

Revised 3/18

DIOCESE OF CLEVELAND MASTER INSURANCE PLAN

AUTOMOBILE DRIVER REGULATIONS

The automobile insurance policy provides coverage for the named insured and the insured's employees while driving the insured's vehicles within the scope and intent of their use. The policy is extended to provide coverage to anyone else that uses the insured's vehicle with the insured's permission. However, it is incumbent upon the insured to confirm that ***every operator of the insured's vehicles complies with ALL of the following driver requirements and that they prohibit anyone not in compliance from operating said vehicles:***

- Must be twenty-one (21) years of age or older
- Possess a valid Ohio driver's license without any prohibiting restrictions
- Not have any physical or mental impairments or conditions which would jeopardize the safe operation of a motor vehicle
- Use the vehicle only within the scope and context for which it was intended
- Must have an acceptable *Motor Vehicle Record (MVR)* as defined in the MVR Grading Criteria Chart Below
 - DISC will obtain for any master insurance program participant, without charge, a Motor Vehicle Report (MVR) on drivers of insured vehicles. On an "MVR REQUEST FORM", list the name of each driver, their date of birth, drivers license state, drivers license number and job title. Forward this information directly to DISC for processing. Please print your own "MVR REQUEST FORM" from this master.

MOTOR VEHICLE RECORD (MVR) GRADING CRITERIA [FOR THE LAST 3 YEARS]

The following grid serves as a guideline for evaluating a Motor Vehicle Record (MVR).

Anyone with an MVR grade of "Unacceptable" is NOT permitted to:

- 1. Operate a DISC insured vehicle; OR**
- 2. Operate a personal vehicle on behalf of a DISC entity**

** Note that **any "major" violation** is an "Unacceptable" score.

Number of Minor Violations	Number of At-Fault Accidents			
	0	1	2	3
0	Clear	Acceptable	Borderline	Unacceptable
1	Acceptable	Acceptable	Borderline	Unacceptable
2	Acceptable	Borderline	Unacceptable	Unacceptable
3	Borderline	Unacceptable	Unacceptable	Unacceptable
4	Unacceptable	Unacceptable	Unacceptable	Unacceptable
Any Major Violation	Unacceptable	Unacceptable	Unacceptable	Unacceptable

Major Violations	
<ul style="list-style-type: none"> • ANY alcohol or drug related offense • Refusing to take a substance test • Driving with an open container (alcohol) • Operating a motor vehicle for the commission of a felony • Failure to stop/report an accident • Permitting an unlicensed person to drive • Resisting arrest • Hit and run (bodily injury or property damage) 	<ul style="list-style-type: none"> • Illegal passing of a school bus • Reckless driving/speeding contest • Making a false accident report • Homicide, manslaughter or assault arising out of the use of a vehicle • Driving while license is suspended/revoked • Careless driving • Attempting to elude a police officer • Other violations considered serious by state law
Minor Violations	
<ul style="list-style-type: none"> • All moving violations not listed as a major violation 	



MVR REQUEST FORM

**** REQUIRED FOR ALL DRIVERS / POTENTIAL DRIVERS OF VEHICLES INSURED BY THE DIOCESE OF CLEVELAND MASTER INSURANCE PLAN.**

Name of Parish, School or Institution		Date of Request
Street Address		DISC Location Number
City	State	Zip Code
Phone Number	Authorized Signature	Position or Title
Return Results To:	Fax or email for results:	

PLEASE PRINT (USE ADDITIONAL SHEETS IF NECESSARY)

<i>DRIVER'S NAME</i>	<i>DATE OF BIRTH</i>	<i>OH DRIVER'S LICENSE #</i>	<i>JOB TITLE</i>	<i>DO NOT USE FOR DISC USE ONLY OK to Drive?</i>

**FAX OR EMAIL TO DISC:
FAX: 216-325-9067 / EMAIL: ajcovington@evartstremaine.com**

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 _____