



DECLARATION OF INSURANCE COVERAGE

AGREEMENT TO OPERATE PERSONAL VEHICLES FOR AGENCY BUSINESS

Policy

It is essential that staff notify their auto insurance company that they intend to use their personal vehicle for work purposes, which may include carrying clients, and maintain the appropriate coverage during their employment at Woodview.

Staff using their own vehicles must obtain insurance for Public Liability and Property Damage and collision coverage for their vehicle. The coverage must be for a minimum of \$1,000,000.00.

This Declaration of Insurance Coverage must be acknowledged, signed, and provided to Woodview before a staff member may be permitted to begin their employment at Woodview and before the staff may be permitted to transport clients or to use their vehicle for Woodview business. This declaration will be filed in staff Human Resource files.

Students, as “agents of Woodview” are subject to the same regulations as staff regarding the use of their personal vehicles.

Woodview’s “non-owned automobile insurance” becomes effective only after the staff member’s own coverage has been applied to any claim involving his / her personal vehicle. Woodview’s insurance is to a maximum of \$5,000,000.

Note: Mileage will not be paid out to staff that have not signed a Declaration of Insurance Coverage (unless that staff member is approved to be exempt).

Exemptions

Some staff may not be required to transport clients as part of regular business operations. If your position does not require you to carry clients or to use a personal vehicle for business use, you may be eligible to be exempt from this policy. **Exemptions must be authorized and signed off by the staff member’s service director.**

Declaration

I agree with Woodview Mental Health & Autism Services as follows:

1. It is understood and agreed that, if at any time, there is a lapse or default in compliance with any of the above requirements; the car will not be operated on the Agency’s business while such defect exists.
2. That the operation of the car on the Agency’s business is unauthorized while there is a lapse or default or any other failure to comply with any of the above requirements, and that the Agency will not pay a mileage rate for any such driving.
3. I hold a valid driver’s license, a copy of which is attached.

4. I have a good driving record (free from cancellation, suspensions, or any other restrictions) and I do not have outstanding tickets or charges.
5. I carry and will maintain in force a minimum of \$1,000,000 Public Liability and Property Damage (inclusive) Insurance.
6. That the designated mileage rate is inclusive of all costs. The Agency will assume no responsibility for the cost of operating the vehicle whatsoever, other than to pay the mileage rate for mileage driven on Agency business. Mileage rates beyond the immediate Agency jurisdiction must be negotiated prior to transporting clients.
7. The employee's personal insurance policy would assume responsibility for any damages incurred by the driver or for any claims against the driver.
8. Woodview may assume a percentage of the deductible cost in certain situations where the damage has been caused by a client's actions, pending approval from the Executive Director.
9. The Agency holds "non-owned automobile" liability Insurance that would be applied after the exhaustion of the owner's policy limit.
10. That it is the driver's responsibility to carry the insurance, which they deem adequate to protect themselves against loss as a result of collision, fire, theft, etc.
11. I confirm that I have notified my insurance provider that as part of my regular business, I carry clients in my personal vehicle on behalf of the agency, and have the required vehicle coverage as outlined on page 1.

I am required to carry clients as part of my job related duties.

Yes No*

**Director approval is required when "No" is selected.*

Director's Approval Signature

I have read and understand, and I accept and agree to all the above stipulations.

Yes No

I agree to provide notice, in writing, if the conditions of this agreement change or if my insurance coverage is changed or cancelled.

Yes No

I understand that compensation for use of my personal vehicle for authorized trips on behalf of the agency will be paid to me only if an active declaration form has been submitted.

Yes No

Employee's Signature

Date

Employee's Name

Employee's Position Title