

Non-Owned Vehicle Authorization and Operation



Employees will use their personal vehicles in the normal conduct of their job duties, and for the scope of business in general, as directed by their supervisor. The primary insurance on personal vehicles used for business is typically the insurance secured by the vehicle owner. It is the responsibility of the location manager(s) to ensure that the employee-owners of these vehicles have adequate auto insurance coverage. The vehicle owner ought to confirm that his or her insurance will cover losses arising from the anticipated use of the vehicle—whether it is for the occasional business errand to the bank or post office, or something more frequent like delivering food.

No employee is permitted to drive their personal vehicle for business until the following requirements have been met:

- Evaluation of driver's MVR upon hire and again each year; cumulative violations may not exceed our company threshold
- Completion of a driver safety orientation checklist by employee
- Receipt of proof of ownership and registration from driver prior to their vehicle being approved for business use
- Evidence provided by driver of proof of insurance with limits matched to driving duties, or as noted in company fleet program
- Signed and dated driver agreement

No employee will be permitted to continue to drive under the following circumstances:

- If their insurance policy lapses, is suspended or revoked for any reason
- If their license is suspended or revoked for any reason
- If in the sole and exclusive opinion of management, their car is deemed to be dangerous or not roadworthy

It is the responsibility of the manager to inspect all vehicles and driver documentation at least semiannually. Items to review include: registration, inspection, insurance, license plates and driver's license.

Non-owned vehicles will be operated in accordance with the procedures and requirements applicable to our company's vehicle fleet safety program. Managers must verify that all such drivers have reviewed and understand the fleet safety program.

ACKNOWLEDGMENT

I have read and understand the procedures and requirements. I agree to adhere to these practices at all times, and I fully understand that failure to follow the prescribed practices and procedures can result in disciplinary measures.

Employee Signature: _____ Date/Year: _____

Manager Signature: _____ Date/Year: _____