

**Park University
Risk and Insurance Management**

AUTOMOTIBLE INSURANCE GUIDELINES

Employee Use of Personal Vehicles on University Business:

Park University automobile insurance does not cover an employee's personal vehicle used on company business.

When an employee drives his/her own vehicle on University business, his/her personal automobile insurance policy serves as a "primary" policy for third party liability. The personal auto policy is the only policy available for any damage to the vehicle.

Neither the University nor the University's insurance will pay for any physical damage to the employee's vehicle. The employee uses his/her personal vehicle on company business at his/her own risk. Damage to the employee's vehicle as a result of an accident, whether it is the employee's fault or not, would be covered by the employee's comprehensive or collision coverage. The employee is responsible for any deductible amounts under his/her policy. If for some reason the employee does not carry comprehensive or collision coverage, the employee would be responsible for the entire amount.

The University's mileage reimbursement rate factors in insurance premiums and deductible as part of the cost of operating a vehicle.

Employees who use their personal vehicle on a daily basis, such as Public Safety and Environmental Services employees, shall be required to provide proof of insurance, showing \$500,000 bodily injury and property damage, combined single limit and sign the following form:

Responsibility for Personal Vehicle Insurance

I have filed evidence of my personal automobile insurance coverage with the Risk and Insurance Management office of Park University this date and I agree to submit information concerning any changes or cancellation of that insurance. I will provide updated evidence of insurance at any future renewal of my policy or change of insurer within three(3) days of any such renewal or change. I understand that Park University's insurance does not provide coverage while I am operating my personal vehicle and that I am responsible for liability arising out of my operation of the vehicle.

Employee Signature

Date

Employee I.D. Number