



Diocese
of Toledo
IN AMERICA

VEHICLE DRIVER AGREEMENT

Every individual who drives their own vehicle for purposes related to the Diocese of Toledo, its parishes, schools, or affiliated institutions, whether an employee or volunteer, must complete this form in order to become an authorized driver.

Name of Driver/Owner: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Insurance Company and Agent Name: _____

By signing this form, I agree that all the statements below are to the best of my knowledge true, and that such information is accurate, unless and until I provide an update of the same. I affirm that my Motor Vehicle Driving Record and Auto Liability Insurance meet or exceed the minimum requirements set forth below.

- I understand that while driving my vehicle on behalf of the Diocese of Toledo, its parishes, schools, or affiliated institutions, **my insurance will be primary for any accident or injury that I may be involved in.** The Diocese of Toledo will not provide me with any medical payments and/or un/underinsured motorist's coverage. The Diocese of Toledo does not provide comprehensive and collision coverage on my vehicle.
- I affirm that I am 21 years of age or older and that my driver's license is valid in the state where it is issued, and I have no more than one (1) minor moving violation or one (1) minor accident in the last three (3) years from the date of signing this Agreement.
- I affirm that my auto liability insurance is valid and in force, and that I carry limits of at least \$100,000 per person and \$300,000 per accident for bodily injury; \$100,000 for property damage; \$5,000 for medical payments; and \$100,000 per person and \$300,000 per accident for un/underinsured motorists coverage at the time of signing this Agreement.
- I affirm that I have never been convicted of any criminal offense involving harm or injury to a minor.

Signature

Date