



## Protected Self Insurance Program Parish/School/Agency Vehicle Driver Agreement

Everyone who drives their own vehicle for parish, school or agency purposes, whether an employee or volunteer, must complete this and agree to the following, in order to become an authorized driver.

Name of Driver/Owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

By signing this form I agree that all statements have been answered truthfully, to the best of my knowledge and that such information is accurate unless and until I provide an update of 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 parish or school, **my insurance will be primary for any accident or injury that I may be involved in.** The Protected Self Insurance program will not provide me with any Medical payments or Un/Underinsured motorist's coverage. The Protected Self Insurance Program does not provide comprehensive and collision coverage on my vehicle.
- ▶ I affirm that I am 21 years of age or older and that my Drivers License is valid in the state that it is issued, and I have no more than one minor moving violation or one minor accident in the last three years from the date of signing this form.
- ▶ I affirm that my auto liability insurance is valid and in force, and that I carry limits of at least \$100,000/person and \$300,000/accident for Bodily Injury, \$100,000 for Property Damage, \$5,000 for Medical Payments, and \$100,000/person and \$300,000/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.

Signed \_\_\_\_\_ Date \_\_\_\_\_