

DRIVER AUTHORIZATION FORM

Last Name First Initial

PLEASE PRINT CLEARLY

Agreement concerning the use of vehicles not owned by the University of California for University business:

I understand that the Regents of the University of California, its officers, agents, and employees are not responsible in any way for any death, injury or property damage resulting directly or indirectly from the use of my private vehicle for University business.

I understand that any loss from physical damage to my vehicle shall not be reimbursable by the University nor by passengers whom I permit to share in the operation of the vehicle.

I understand that any loss caused by death or injury to others or damage to other's vehicles or property will be covered by my own private insurance.

I certify that auto liability insurance is in force on my vehicle in an amount of not less than the University's minimum prescribed liability insurance coverage (\$50,000 for personal injury to, or death of, one person; \$100,000 for injury to, or death of, two or more persons in one accident; and \$50,000 for property damage), which will protect against claims made or suits filed by third parties. I have attached a copy of my current declaration page of my insurance policy.

I certify that I hold a driver's license valid in the State of California and agree to abide by any restrictions attached to my license.

My insurance company name: _____

Policy Number: _____

Driver's License number, state & expiration date: _____

I have attached a copy of my current drivers license.

In the event an accident occurs while using my personal vehicle for University business, I agree to report the details of such accident to my department immediately using the UCSC Collision Report packet that has been provided to me.

Signature

Dated this _____ day of _____, 20____.

Office Use Only
_____ Valid DL
_____ Ins Declaration Pg
_____ Min Ins Coverage

Original to Dept. file
Copy to Employee
Retain for 1 year after business driving duties cease