

The University of La Verne

DEPARTMENTAL AUTHORIZATION FOR USE OF PERSONAL VEHICLE ON UNIVERSITY OF LA VERNE BUSINESS

Drivers who use personal vehicles for university business are required to obtain written authorization from their department. Completion of this form meets this requirement for the University of La Verne.

The individual named below is authorized to use their personal vehicle to conduct official business/ transport university personal for the University of La Verne. This authorization is valid only for driving performed for the authorizing university department. The authorizing department may rescind this authorization at any time.

By signature below, vehicles owner and authorized university department understand and agree to the following provisions:

- Vehicle owner has completed the La Verne Drivers Authorization Form
- Vehicle owners agree that La Verne does NOT provide any insurance coverage for damage to his/her personal vehicle. Vehicle owner is responsible for their own insurance for vehicle damage, including all costs and any applicable deductibles in the event of a claim or loss.
- Vehicle owner agrees that La Verne insurance for auto liability while driving on La Verne business is excess the vehicle owner's personal liability insurance, and will not apply to any claim or loss until personal auto liability insurance limits are exhausted.
- Vehicle owner agrees to maintain at least minimum statutory limits of liability insurance for any personal vehicle used for La Verne business, and to provide the authorizing department a copy of their insurance coverage card with signature of this form, and upon each policy renewal.

Vehicle Owner (type or print): _____

Owner's Status (check one): Faculty ___ Staff ___ LV Student ___

This Authorization shall be valid until (select one)

_____ the following expiration date: _____

_____ Authorization shall remain valid as long as vehicle owner is affiliated with the University, Meets LV Driver authorization criteria, and maintains current required liability insurance coverage for their personal vehicles used to transport LV staff/students.

Vehicle Owner Signature: _____ Date _____

Authorized Administrator Signature: _____ Date _____

Administrator Printed Name & Title _____

Filing instructions: Keep original in Transportation office – give copy to Vehicle Owner