



## Diocese of Toledo Employee and Volunteer Vehicle Affirmation

The relationship of school and students, as well as our Diocese with its parishioners and clients gives rise to a non-delegable duty of care. Simply put, it means a Diocese owes a duty to ensure reasonable care is taken when any staff member or volunteer is caring for our students, parishioners, and clients.

Excursions and Transportation are now very much a part of modern education and our Diocesan operation. We have a high duty of care upon to those to whom we serve. To comply with this duty of care, we shall verify that you meet the following standards for a reasonably responsible driver:

Name of Driver \_\_\_\_\_

Address \_\_\_\_\_

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 shall have provided an update of same. I affirm that my Motor Vehicle Driving Record and Auto Liability meet or exceed the minimum requirements as set forth below:

- ▶ I understand that while driving my vehicle on behalf of The Diocese of Toledo, **my insurance will be primary for any accident or injury that I may be involved in.** The insurance of The Diocese of Toledo will be excess over my insurance for liability only, and will not provide me with any medical payments or un/underinsured motorists coverage. The Diocese does not provide comprehensive and collision coverage on my vehicle.
- ▶ I affirm 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 form.

Signed \_\_\_\_\_

Date \_\_\_\_\_