**Sample Non-owned Vehicle and Driver Qualification Checklist**

Employees or volunteers using their personal vehicles in their duties on behalf of the organization must be approved in advance and are subject to the Driver, Vehicle, and Insurance requirements stipulated below. It is the driver’s supervisor’s responsibility to ensure all requirements have been met before allowing staff to drive.

Note: the primary insurance on personal vehicles used for business is typically the insurance secured by the vehicle owner. The vehicle owner is to confirm that his or her insurance will cover losses arising from the anticipated use of the vehicle and that their insurer does not exclude coverage for “business”.

**No employee or volunteer is permitted to drive their personal vehicle for business until the following requirements have been met:**

|  |  |
| --- | --- |
| **Driver** |  |
|  | Has experience driving for a minimum of three years in a similar driving environment (urban, ice/snow, etc.) |
|  | Motor vehicle record (MVR) has been reviewed and determined acceptable:   * License is type required and valid * History of violations and accidents (MVR) meets organization guidelines * Driver warned if MVR within one violation/accident of unacceptable |
|  | Has been alcohol and drug tested according to organization policy (if applicable) |
|  | Has reviewed the *Authorization to Use Personal Vehicle* policy with manager and signed |
|  | Has completed safe driving training (defensive driving, distracted driving, etc.) |
| Comments: | |
| **Vehicle** |  |
|  | Make\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_ Mileage\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Age/mileage within meets organization requirements |
|  | Employee/volunteer owns title to vehicle, or is named lessee of (verify on registration or insurance card) |
|  | Vehicle has been inspected and found to be in acceptable condition |
|  | Record of most recent inspection by qualified mechanic reviewed and no safety defects noted (attach) |
| Comments: | |
| **Insurance** |  |
|  | Insurance policy in-force with liability limits of $\_\_\_\_\_\_\_\_/$\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_. Exp Date \_\_\_\_\_\_\_\_\_\_  (bodily Injury per person/bodily injury per accident/property damage) |
|  | Proof of insurance validated by (attach copy):  State-required insurance identification card or copy of front page (Declarations) page of policy, or  Certificate of insurance with organization listed as certificate holder, or  Certificate of insurance with organization listed as “additional insured” (best) |
|  | No “business exclusions” on policy |
| Comments: | |

Driver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_