Safe Driving Commitment

for Operators of Company Vehicles



Name:	Date:	is on your side
recognize that safe driving is an essential part of my standards as they apply to my use of company vehicle	-	e driving
Maintain an in-force, valid driver's license appropriat	ce to the types and sizes of vehicles be	ing operated
Alert management immediately if my license becom	nes expired, restricted, suspended or r	evoked
Notify the company of any citations received while	driving a company vehicle	
Allow the company to access my MVR records by si	gning a release when requested	
 Drive in a safe and courteous manner, conforming to precautions for adverse weather and traffic conditions 		d take appropriate
Wear a seatbelt and ensure that authorized passeng	gers wear seatbelts	
Cooperate with management in following prescribed	d maintenance schedules and procedu	ıres
Use the vehicle for non-business purposes only as o	utlined by company policy	
Refrain from using the company-owned vehicle for	family vacations unless permission is g	granted
Be financially responsible for any parking tickets or	traffic violations and citations	
Report all accidents within 24 hours to my manager	and designated company fleet admin	istrator
Refuse to loan the vehicle to others or allow non-co	mpany authorized drivers to operate i	t
Reject requests by unauthorized passengers for tran	nsport, including hitchhikers	
Obtain prior training and permission before towing	trailers or mobile homes with the vehic	cle
Always park the vehicle in a secure and legally allow	able location	
Abstain from alcohol or controlled substances prior	to and during vehicle operation	
Follow appropriate practices, as communicated by m	nanagement, when transporting any ha	zardous materials
My signature indicates that I have had an opportunity my supervisor. I will abide by company safety policies		ing questions of
Failure to comply with the above described "Safe Driv to and including transfer to a non-driving position or		yee discipline up
Employee Signature:	Date:	

KEEP ORIGINAL IN FILE. GIVE THE EMPLOYEE A COPY. THIS FORM SHOULD BE RENEWED ANNUALLY.

Program Administrator Signature:_

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Date: