HAMLINE UNIVERSITY
COVERED VEHICLE USE AGREEMENT

This is an agreement between Hamline University, hereinafter referred to as the "University," and the individual named below who will be driving a University Covered Vehicle in the performance of his/her duties as an employee/student of the University or on a University-sponsored trip or event.

1. The undersigned driver is properly licensed to drive in any area in which the vehicle is operated and will provide the University with a copy of the front and back of his/her driver's license.

2. The undersigned driver has submitted to the University and annually will obtain and submit a copy of his/her driving record from the State of Minnesota, from the state issuing the current license (if different from Minnesota), and any other state where a license was held within the last three years.

3. The undersigned driver understands that any material change regarding his or her driving record or licensure status (e.g. suspension or revocation) must be reported immediately to the Office of Safety & Security.

4. The undersigned driver agrees to follow safe driving practices, comply with University policies and in the case of a rented vehicle, with the terms and conditions of the rental agency at all times. The undersigned has received and reviewed a copy of the Vehicle Use Policy, fully understands all the terms and conditions therein and agrees to be responsible for any deviations there from.

5. The undersigned driver understands that driving while under the influence of alcohol and/or other drugs is strictly prohibited. The driver will not permit open containers of alcoholic beverages in the vehicle.

6. The undersigned will carry passengers only on University business and is not permitted to stop for or provide transportation to hitchhikers.

7. The undersigned driver assumes full responsibility for any traffic and parking violations arising out of the use of a Covered Vehicle.

8. The undersigned will comply with University policy that employees or students who drive or ride as passengers in University-owned vehicles will use available passenger restraints at all times while the vehicle is in operation. The undersigned is responsible for informing all passengers of this policy.

9. The undersigned will report any accident immediately to the proper authorities. Whenever possible, a police report should be made.

10. The undersigned will report any accident to the Risk Management Representative within 24 hours. Do not contact University insurance carrier directly.

I have read, understand, and agree to comply with the above conditions as a driver of a Covered Vehicle.

_____

Driver's name (last) (First) (Full middle name) Date of Birth

_____

Driver's license number State of licenses

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Driver's signature Supervisor's Printed Name (if driver is student)

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Date Supervisor's Signed Name (if driver is student)

Please sign this agreement and return all copies with a copy of the front and back of your driver's license to the Director of Safety and Security at MS-C1905. An approved copy will be returned to you for your records.