

AUTOMOBILE COVERAGE EXPLANATION & WAIVER FORMS

The Christian Brothers Risk Pooling Trust provides for all vehicles owned or leased by (organization's name) _____. This includes Auto Liability for Bodily Injury and Property Damage and is in effect for all authorized drivers of the vehicles.

Anytime an employee, volunteer, or student uses their own vehicle for authorized affiliate related activities, (i.e. transport of students, leave campus to run errands for the school and/or community) their personal automobile insurance is primary. The Christian Brothers Risk Pooling Trust will only provide coverage if and when there has been a claim that exceeds the liability limits of the vehicle policy. The Christian Brothers Risk Pooling Trust recommends that we have on file documentation that substantiates the employees, volunteer or student/patient's understanding of this vehicle coverage plan. Automobile coverage on rental vehicles rented under the name of (organization's name) _____ is administered as follows:

You will be offered Collision and Comprehensive insurance for a daily fee beyond that of the rental fee. Since your location carries vehicle coverage with the Trust, *and at least one of those vehicles scheduled has full coverage, (Auto Liability, Collision and Comprehensive)*, then that full coverage would transfer to the rented vehicle. If the Collision Damage Waiver is declined, then the Trust assumes responsibility for physical damage to the auto according to the terms of the written rental contract. The Liability coverage provided by the Trust is excess over any Liability coverage provided by the rental company unless otherwise stated in the rental contract. In the event of an accident, it is **IMPERATIVE** that we be provided with a copy of the **COMPLETE** rental contract. There may situations, however, when it would be advantageous to the Trust for the Affiliate to buy the rental company's insurance. When in doubt, call the Trust -800-807-0100.

The following forms may be utilized by (organization's name) _____ with regard to employees/volunteers/students use of personal vehicles on business pertaining to (organization's name) _____.

STUDENT DRIVER PERMISSION FORM

Dear Parents,

On occasion we may ask your daughter/son, _____, to leave campus on an errand or to drive a school vehicle or his/her own vehicle. On official and authorized business she/he would be totally covered by school coverage while driving a school owned vehicle. While driving her/his own vehicle, the school's coverage would be excess of the primary vehicle insurance purchased by the student and/or her/his family.

Only if 18 years or older, might she/he be asked to drive other students. Your explicit permission is required before cleared by me to drive in any capacity on behalf of the school. Please sign below, if you approve. Any conditions you wish to place on her/his availability may be indicated by initialing the appropriate condition in the space next to it. Thank you for your consideration.

Yours Sincerely,

_____ I give my permission for all of the above.

_____ I give my permission for her/him to leave campus if necessary, but do **NOT** give her/him permission to drive.

_____ I give permission to drive other students. Family coverage provides in the event of personal liability claim.

Parent's Signature: _____ **Date:** _____

Automobile Coverage Waiver

The Christian Brothers Risk Pooling Trust provides Automobile Liability, Collision and Comprehensive Vehicle Coverage. Primary coverage is provided for only those vehicles scheduled (owned, rented or leased) by (organization's name)_____.

Anytime an employee or volunteer uses their own vehicle for authorized business of (organization's name)_____, their own insurance is primary. This means Christian Brothers Risk Pooling Trust will only provide coverage if, and when there has been a claim against your auto insurance that exceeds your liability limits. It is very important that everyone understands that the Affiliate coverage only provides coverage after the employee's insurance has exceeded its limits.

The Christian Brothers Risk Pooling Trust has recommended that we have on file documentation that substantiates the employee's/volunteer's understanding of this insurance coverage plan. Accordingly, please sign and date this form and return to our office. A copy will be forwarded to Christian Brothers Risk Pooling Trust. In signing this form, you are indicating that you understand and accept the above information.

Signature: _____ **Date:** _____