

USE OF PRIVATE VEHICLES

Private Vehicle Proof of Insurance

The standard California Automobile Insurance Policy covers any additional person or entity for whom the employee or volunteer may be driving on an occasional (not commercial) basis. Therefore, there is no need for the Desert Community College District (DCCD) to be named as an "additional insured" on the employee's or volunteer's auto policy.

As a minimum risk management practice, the DCCD should require evidence of insurance by the following:

1. A form filled out by the employee or volunteer providing the information.
2. "Proof of Insurance" form provided by automobile insurance companies in California.

THE FOLLOWING INFORMATION SHOULD BE PROVIDED TO THOSE WHO APPLY FOR MILEAGE REIMBURSEMENT.

If you drive your personal automobile while on DCCD business and you are involved in an accident, your own liability insurance policy applies first. The DCCD does not cover collision or comprehensive coverage for your vehicle.

The mileage reimbursement paid by the DCCD covers all operating expenses on your vehicle including, but not limited to, insurance, gas, oil, maintenance, etc.

State law requires that automobile owners meet a minimum financial responsibility. This requirement is met by providing automobile liability insurance or a bond. If you do not carry automobile insurance, you should immediately notify your supervisor and you should not use your automobile for DCCD business until you have met the minimum requirements.



DESERT COMMUNITY COLLEGE DISTRICT

43-500 Monterey
Palm Desert, CA 92260

EMPLOYEE/VOLUNTEER PERSONAL VEHICLE USE FORM

Driver's Name: _____

Driver's License #: _____ Exp. Date: _____

Vehicle Owner's Name: _____

Vehicle Year/Make/Model _____

Vehicle License Plate #: _____

Insurance Carrier/Agent: _____ Phone No: _____

Liability Limits: _____

Policy Limits: _____ Exp. Date: _____

Driving Restrictions: _____

Destination/Event: _____

I certify that the above information is correct and that the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the Desert Community College District (DCCD), in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

Vehicle's Owner Signature

Date

Driver's Signature

Date

NOTE: If you drive your personal vehicle while on DCCD business and you are involved in an accident, by law your liability insurance policy is used first. The DCCD would be used only after your policy limits have been exceeded. The DCCD does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

Director of Student Life

Date

Dean of Student Services

Date



DESERT COMMUNITY COLLEGE DISTRICT

43-500 Monterey
Palm Desert, CA 92260

Student Name: _____

Destination/Event: _____

I understand the Desert Community College District is providing transportation and from the above event. However, I do not wish to avail myself of the transportation provided by the College.

The above student hereby requests permission to provide for his/her own transportation at his/her own expenses.

It is fully understood that the college is in no way responsible, now does the college assume liability, for any injuries or losses resulting from this transportation. Although the college may assist in coordinating transportation and/or recommending travel time, routes, carpooling, or caravanning to or from this event, I fully understand that such recommendations are not mandatory.

I also understand that the driver of the vehicle in which I am riding is not driving as an agent of or on behalf of the college, and the college has not confirmed liability insurance coverage, driver's license status or the condition of the vehicle.

Student Signature

Date