

**Diocese of Toledo**  
**Employee and Volunteer Vehicle Affirmation**

The relationship of school and students, as well as our Diocese with its parishioners and clients gives rise to a non-delegable duty of care. Simply put, it means a Diocese owes a duty to ensure reasonable care is taken when any staff member or volunteer is caring for our students, parishioners, and clients.

Excursions and Transportation are now very much a part of education in the schools in the Diocese of Toledo. We have a high duty of care upon those to whom we serve. To comply with this duty of care, we shall verify that you meet the following standards for a reasonably responsible driver:

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

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

By signing this form I agree that all statements have been answered truthfully, to the best of my knowledge and that such information is accurate unless and until I shall have provided and update of the same. I affirm that my Motor Vehicle Driving Record and Auto Liability meet or exceed the minimum requirements as set forth below:

- I understand that while driving my vehicle on behalf of The Diocese of Toledo, **my insurance will be primary for any accident or injury that I may be involved in.** The insurance of The Diocese of Toledo will be excess over my insurance for liability only, and will not provide me with any medical payments or uninsured/underinsured motorist's coverage. The Diocese does not provide comprehensive and collision coverage on my vehicle.
- I affirm that my Drivers License is valid in the state that it is issued, and I have no more than one minor moving violation or one minor accident in the last three years from the date of signing this form.
- I affirm that my auto liability insurance is valid and in force, and that I carry limits of at least \$ 100,000.00/person and \$ 300,000.00/accident for Bodily Injury, \$ 100,000 for Property Damage, \$ 5,000.00 for Medical Payments, and \$ 100,000.00/ person and \$ 300,000.00/accident for Uninsured/Underinsured Motorist coverage at the time of signing this form.

Signed: \_\_\_\_\_

Date \_\_\_\_\_