

Authorization & policy moving violation record report

Driver Information:

Name: _____
Last First M.I.

Date of Birth: ____/____/____ Social Security #: ____/____/____

Driver License Number: _____ State of Issue: _____

Have you held driver licenses in other states: Yes No

If yes list other states you have held licenses in for the past 5 years: _____

Employees may not be permitted to operate company vehicles or personal vehicles on company business if their moving violation record report reveals any of the following violations:

- Driving under the influence of drugs or alcohol
- Hit and run accidents
- Failure to report an accident to authorities and company management
- Any felony use of an automobile
- Reckless driving, racing or other illegal vehicle contests

Driver Commitment Statement:

I understand the importance of my driving responsibilities either while transporting clients or handling other business requiring operation of an automobile. I commit to adhere to our Commercial Vehicle Use Policies as currently written and as may be updated in the future. I also commit to the following:

1. Reporting accidents immediately to the authorities and to the company.
2. Perform regular vehicle inspections
3. Report to management any unsafe vehicle conditions.
4. Maintaining automobile liability limits for my personal vehicle if used for company business
5. Prohibit unauthorized use of the company vehicle I am issued
6. Prohibit unauthorized passengers from riding in the company vehicle.
7. Report to the company any moving violations occurring on or off the job that may affect my authorization to operate a vehicle on company business

I understand these commitments and agree to abide by the company policies governing vehicle use. I hereby authorize any state Department of Motor Vehicles to release all information regarding my past driving history. I authorize my company representative to obtain my driving record history from other sources as may be desired including but not limited to public records departments privately operated. I understand that in accordance with the Fair Credit Reporting Act information obtained may be used to limit my ability to operate a vehicle on company business. I understand that criminal background checks may reveal violations related to vehicle use that might not show up on a Moving Violation Record report.

Driver Signature: _____

Date: _____

If you have a safety or risk management question or a suggestion for a topic, please contact Markel's Risk Management Department at safety1st@markelcorp.com.