

APPLICATION TO ADD/DELETE DRIVERS

I understand that (please read carefully):

- All information provided by me on this form is true and accurate to the best of my knowledge.
- The Insurer and University of Windsor reserve the right to obtain a copy of my driver's record abstract.
- I will immediately report suspension or expiration of my license to my supervisor and the Insurance Officer. Driving a University of Windsor vehicle (includes vehicles owned, leased or rented) without a valid license is prohibited and will constitute grounds for disciplinary action.
- I will immediately report any incident/accident to my Supervisor and Insurance Officer.
- I will follow all restrictions noted on my driver's license.
- I will obey all the applicable laws including the Highway Traffic Act, at all times while operating a University of Windsor vehicle.
- I will not operate a University of Windsor vehicle in an inappropriate or unsafe manner while on University of Windsor property and will exercise extra care for the safety of pedestrians while operating a University of Windsor vehicle off vehicle roadways.
- My blood alcohol level will not exceed the legal limit and I will not operate a University vehicle under the influence of intoxicants or narcotics, nor will I work while under the influence of any prescribed medications which may impair my ability to perform my assigned duties in a safe manner. Failure to adhere to these conditions will result in the immediate removal of driving privileges; will invalidate my personal liability coverage by the University of Windsor insurer and may constitute grounds for disciplinary action.
- I am personally responsible for any traffic or parking tickets incurred while operating a University of Windsor vehicle.
- Unauthorized passengers and hitchhikers are not permitted in University vehicles.
- All vehicle occupants will use seatbelts and the number of passengers will not exceed the number of seatbelts.

Date at Windsor, Ontario this ____ day of _____, 20____

Signature of driver to be added

Please ADD the following person to the insured drivers list:

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Birthdate: _____ (mm/dd/yyyy)

Drivers License #: _____

Department Vehicle (s) to be driven: _____

License Plate (s): _____

Employment classification of driver (indicate one on each line):

Student Staff Faculty

Employment Status: Full Time Part Time

Principal Driver (Main Driver) Casual Driver Seldom Driver (Almost never)

ATTACH THE FOLLOWING DOCUMENTS TO THIS REQUEST:

- 1) Copy of the drivers abstract (record) as obtained from the Ministry of Transportation.
- 2) Copy of the drivers' license.

Please REMOVE the following person FROM the insured drivers list:

Name: _____

Date: _____

Submit Form To: Insurance Officer – Lisa Ambedian (lisa.ambedian@uwindsor.ca) If you have any questions while completing the form, please contact Lisa at ext. 2080