

Legal Services

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 Risk Management Officer. Driving a University vehicle without a valid license is prohibited and will constitute grounds for disciplinary action.
- 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 be under the influence of any illegal drugs when operating a University of Windsor vehicle. Failure to adhere to this condition will result in the immediate removal of driving privileges; will invalidate your 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 Casual Driver Seldom Driver
(Main 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.
- 3) Completed copy of the Student Drivers Form if request is for a student.

NOTE: Your department contact will be contacted when the new driver has been approved and insured to drive. The driver should not be granted driving privileges until you have received this confirmation.

Please REMOVE the following person FROM the insured drivers list:

Name: _____

Date: _____

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