Use of Privately Owned Vehicles for University Business: driving resident or faculty candidates

When driving a privately owned vehicle for university business, all business conducted should be within the scope of the driver's employment and authority. It should be understood that no insurance coverage for physical damage to an employee's privately owned vehicle will be provided by the State of Oklahoma.

Privately owned vehicles, used for university business, must be insured at the employee's expense. The driver should carry a copy of the "CERTIFICATE OF SELF-INSURANCE", and "IN CASE OF AN ACCIDENT" forms inside their vehicle (attached).

In order to verify vehicle use for university business, the university department or office should maintain a record, such as schedules or logs, of drivers and their occupants.

IN CASE OF AN ACCIDENT: See attached IN CASE OF ACCIDENT form. Immediately notify your university office as well as appropriate traffic officers. If a university employee is at fault, state policy may provide coverage, and passengers and other parties will have to file a state tort claim. If the state employee is not at fault, then coverage would fall to personal and/or other parties insurance. In case of any accident, provide a copy of CERTIFICATE OF SELF INSURANCE to the investigating officer to signify that the status as state employee.

Revised 10/3/08
RISK MANAGEMENT DIVISION
P.O. BOX 53364
Oklahoma City, Oklahoma 73152

CERTIFICATE OF SELF INSURANCE

Name of Insured:   State of Oklahoma

Cert. #770

Name and Address of Certificate Holder:

HEALTH SCIENCES CENTER
1100 N. LINDSEY, ROOM 205
OKLAHOMA CITY, OK 73190

The State of Oklahoma is self-insured for the following coverage to the limits indicated pursuant to the "Tort Claims Act" (Title 51 § 151, et. seq.).

<table>
<thead>
<tr>
<th>TYPES OF COVERAGE</th>
<th>LIABILITY LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Tort Liability</td>
<td>$ 175,000 per person, any loss other than property</td>
</tr>
<tr>
<td>Vehicle Liability</td>
<td>$ 25,000 per person, property damage</td>
</tr>
<tr>
<td>Water Craft Liability</td>
<td>$1,000,000 per occurrence, all claimants and coverage</td>
</tr>
</tbody>
</table>

Should any of the above described coverage be withdrawn, the State will attempt to mail 30 days written notice to the certificate holder. If you have any questions or need to report an incident, call Risk Management at (405)521-4999.

Policy Period:   Perpetual unless coverage is changed by statute.

In the event of a change in statute, State Risk Management will notify each certificate holder.
IN CASE OF AN ACCIDENT...

STEP #1
Aid the injured

Do not move injured individuals unless absolutely necessary.

STEP #2
DON'T COMMENT!!!

Do not make any statements concerning the assumption of liability. Only give information required by authorities. Do not sign any statement except from an authorized representative of the Risk Management Division or your agency’s authorized legal counsel.

STEP #3
Call the police

Give exact location and advise if medical help is needed. Write down the name(s) and badge number(s) of police officer(s) who assist you.

Name ____________________________

Badge # ____________________________

Traffic violation issued to:

☐ State Vehicle ☐ Other Vehicle

STEP #4
Facts about your vehicle

Agency ____________________________

Department ____________________________

Driver’s Name ____________________________

Department Phone # ____________________________

Make / Year ___________ Tag No. ____________________________

Location of Damage ___________ Amount ____________________________

STEP #5
Obtain facts about other vehicles

Name ____________________________ Phone No. ____________________________

Address ____________________________

Make / Year ___________ Tag No. ____________________________

Drivers License No. ___________ Insurance Co. ____________________________

Location of Damage ___________ Amount ____________________________

STEP #6
Obtain facts about injured person(s)

Name ____________________________ Age ____________________________

Address ____________________________

Injured Party:

☐ In State Vehicle ☐ Pedestrian ☐ In other Vehicle

STEP #7
Record facts about other property damage (Non-Vehicular)

Owner’s Name ____________________________ Phone No. ____________________________

Address ____________________________

Make / Year ___________ Tag No. ____________________________

Drivers License No. ___________ Insurance Co. ____________________________

Location of Damage ___________ Amount ____________________________

Nature of Damage (be brief) ____________________________
STEP #8
GET WITNESSES

Name

Phone No.

Address

STEP #9
Call Risk Management

OKC Area 521-4999
Statewide Toll Free 1-888-521-RISK

Date of Incident: ____________________________
Time: ______________________________________
Address: __________________________________

Claim Form Requested?  □ Yes  □ No

GET THE FACTS!!!!

SIGNATURE OF DRIVER  DATE

CONTACT YOUR SUPERVISOR IMMEDIATELY. COMPLETE A STANDARD LIABILITY INCIDENT REPORT FORM, SCOPE OF EMPLOYMENT FORM

STATE WIDE TOLL FREE (For Agency Use Only)
1-888-521-RISK (7475)

AND SEND TO YOUR AGENCY RISK MANAGEMENT COORDINATOR IMMEDIATELY.

STATE OF OKLAHOMA
RISK MANAGEMENT DIVISION
P.O. BOX 53364
OKLAHOMA CITY, OKLAHOMA 73152
405-521-4999

ACCIDENT INFORMATION FORM

STATE OF OKLAHOMA
Department of Central Services
RISK MANAGEMENT DIVISION

THIS FORM IS TO BE KEPT IN THE GLOVE COMPARTMENT OF ALL STATE AND PERSONAL VEHICLES BEING USED BY STATE EMPLOYEES WHILE ACTING WITHIN THE SCOPE OF THEIR EMPLOYMENT.
THE FACTS REQUIRED IN THIS FORM MUST BE COMPLETED TO THE EXTENT THAT INFORMATION IS AVAILABLE AT THE TIME OF THE ACCIDENT.

THIS FORM IS NOT TO BE GIVEN TO CLAIMANTS