

PERMIT TO USE A PERSONALLY OWNED VEHICLE FOR CONCORDIA UNIVERSITY BUSINESS

The information you are providing is required by the University's (Lutheran Church Missouri Synod's) insurance carrier and is considered private and confidential information.

(Please Print)

Permission is hereby granted to: _____

Description of University business: _____

Destination: _____

Department, Campus Organization: _____

Date of trip or use: _____

Names of Passengers: _____

Drivers license number and State _____

This permit in no way commits Concordia University Irvine to liability or payment unless previously approved by the Budget Control Officer.

My signature certifies the following:

1. The vehicle is owned by me or I have received permission from the legal owner to use the same for the above purpose.
2. If I should have an accident while operating the vehicle under the PERMIT, I agree to notify the Director of Campus Safety and Security as soon as practicable.
3. **I understand that I/or the owner of the vehicle is required to maintain his/her own separate insurance coverage. I further acknowledge and understand that there is not physical damage coverage provided by Concordia University Irvine and/or the Lutheran Church Missouri Synod even if his/her personal vehicle is used for university related business. Concordia University and the Lutheran Church Missouri Synod shall not be liable for any deductibles that may be incurred as a result of an occurrence or loss.**
4. **I am required to grant permission to Concordia University Irvine to secure a Motor Vehicle Report to be kept on file for a minimum of one (1) year.**
5. A copy of my driver's license is provided with this form, and a copy of the declaration page of my personal insurance policy describing the coverage on the vehicle to be driven with liability limits of \$100,000/\$300,000 minimum, which is required by the university.

Driver Printed Name

Driver Signature

Date

Authorizing Faculty/Staff Printed Name

Authorizing Faculty/Staff Signature

Date

Campus Safety Printed Name

Campus Safety Signature

Date