

COMMERCIAL AUTO FLEET SAFETY POLICY

Operation of motor vehicles is a necessary part of our business operations. Operation of motor vehicles exposes our company to losses: injury to employees, injury to the public, damage to property, interruption of operations. Accidents and/or poor driving habits can also damage our company reputation. We are committed to operating all aspects of our business in a safe and responsible manner, and we endorse the following automobile safety policies.

- Authorized drivers - only those specifically authorized by management to operate company vehicles for company business. This includes drivers of company owned vehicles, employees operating personal vehicles on company business and any authorized family members.
- Motor Vehicle Records (MVRs) will be obtained and evaluated annually by management based on the criteria listed below. These criteria must be met before any employee or designated person is allowed to operate a company vehicle or a private vehicle on company business.

The following violations (on or off the job) will disqualify a person as an authorized driver:

- Three (3) or more moving violations within the preceding 36 months.
 - Driving under the influence of drugs or alcohol.
 - Hit and Run Accident.
 - Failure to report an accident.
 - Operating a vehicle under a suspended or revoked license.
 - Homicide, assault or a felony arising from the operation of a motor vehicle.
 - Reckless Driving/Speed Contest/Racing
- Use of drugs or alcohol is strictly prohibited!
 - There will be no personal use of company owned vehicles without the express written authority by management.
 - Seat belt utilization is required of all drivers and passengers, whether in company owned vehicles or in personal vehicles operated on company business.
 - All accidents must be reported to the police and to management immediately!
 - Failure to qualify or to comply with the above requirements will disqualify you to operate company owned vehicles or your personal vehicle for company business.

FLEET DRIVER'S COMMITMENT

DATE: _____

NAME: _____

LOCATION: _____

VEHICLE ASSIGNED: _____

My signature on this commitment form indicates understanding of my responsibilities as a _____ fleet driver. I have received and read a copy of the Commercial Fleet Policy and agree to fulfill all my responsibilities as listed there in. These include, but are not limited to:

- Adhering to all policies and procedures governing the operation of my vehicle.
- Ensuring all preventive maintenance is performed on my vehicle in accordance with the Manufacturers' guidelines.
- Maintaining a professional appearance and safe operating condition of the vehicle at all times.
- Submitting any accident reports and a copy of the current drivers license as requested.
- Prohibiting use of assigned vehicle by anyone not authorized to drive company vehicles.

Failure to comply with the conditions listed above can result in disciplinary action including termination.

Employee Signature

Manager's Signature