



MVR & Insurance Procedures

Office of Risk Management

These procedures provide guidance concerning the requirements for Motor Vehicle Record (MVR) checks, vehicle operator training, and insurance.

A. MOTOR VEHICLE RECORD (MVR) CHECKS

The Office of Human Resources conducts an initial MVR check on all employees before they are hired. In accordance with the University's auto liability carrier, Routine Drivers will have their MVR screened at least once every 12 months to ensure their driving record remains acceptable. Additionally, all Employees authorized to operate University-owned, leased, or rented vans or buses must consent to an MVR check. Furthermore, anyone who is **not** an Employee must consent to an MVR check before operating a University-owned, leased or rented vehicle to conduct University Business.

1. The Office of Risk Management will coordinate with department heads/supervisors to maintain a current listing of Routine Drivers. Personnel on the list will be contacted annually to complete an MVR Consent and Information Form to facilitate their annual MVR check.
2. Employees or other authorized drivers requiring an initial or annual screening will submit an MVR Consent and Information Form, [Attachment 1](#) and email the completed form to mvr@acu.edu or fax it to 325-674-2396. Allow three business days for processing.
3. The MVR check will determine driver insurability. All Routine Drivers **must meet the insurability standards** established by the liability carrier to be eligible for auto insurance coverage and to operate Vehicles in the scope of their employment.
4. On those occasions that the results of the check preclude a person from being insurable, the Office of Risk Management will provide a copy of the report to the individual with an opportunity to review and dispute any inaccurate or incomplete information. The individual will be given three (3) business days to contact the Office of Risk Management and conclusively demonstrate the inaccuracy of the information, after which time the Office of Risk Management will make the final determination regarding the individual's insurability. The department or organization will be informed of the final determination and will be responsible for notifying the individual.

- A Type “A” driving violation in the last five years is unacceptable to our carrier and will not meet insurability standards for 5 years.
- Three or more Type “B” violations or two or more at-fault accidents or negligent collisions in a three year period is unacceptable and will not meet insurability standards for 3 years.
- Anyone amassing two moving Type “B” violations and one at-fault accident or negligent collision in a three year period will be monitored by the Safety Office and may require more frequent MVR reviews and/or training.

Type “A” Violations	Type “B” Violations
Driving under the influence of alcohol or drugs or while intoxicated	Moving violations that include:
Driving with an open container (alcohol)	- Speeding
Refusing to take a substance test	- Improper lane change
Reckless driving	- Failure to yield
Hit and run	- Failure to obey traffic signal or sign
Fleeing or evading police or roadblock	Other:
Resisting arrest	- Accidents
Racing/speed contest	- Collisions
Driving with license suspended/revoked	
Vehicular assault	
Homicide or manslaughter or using a vehicle in connection with a felony	

- Supervisors should encourage Employees to comply with vehicle safety policies and traffic laws and may temporarily suspend an Employee’s driving privileges for the following reasons:
 - Operating a vehicle in an unsafe manner;
 - Failing to comply with traffic safety laws; or
 - Failing to comply with ACU driving policies/procedures.
- Employees are required to notify the Office of Risk Management within 24 hours if their driver’s license is suspended or revoked for any reason.

B. VEHICLE OPERATOR TRAINING

- Once a determination is made that an Employee or volunteer is insurable, the Safety Manager will contact the person to coordinate the applicable vehicle operator training.

2. Routine Drivers will be required to complete a web-based driver course. All Employees and volunteers who are authorized to operate passenger vans for University sponsored activities will also be required to complete the Van Driver Certification program.
3. The Safety Manager will provide instructions to access the web-based training, coordinate passenger van proficiency testing, and notify supervisors/sponsors when their personnel have completed the required training and/or certification.
4. All authorized drivers will be required to complete recurring training as determined by the Office of Risk Management.
5. Employees who are placed on "warning" or those who have had their driving privileges temporarily suspended will be required to accomplish additional training.

C. INSURANCE PROCEDURES

1. The Risk Management office is responsible for coordinating all issues concerning auto insurance on behalf of the University. Our auto liability carrier has stipulated that in addition to maintaining a listing of authorized drivers and conducting annual MVR checks, we must establish a driving policy that outlines: safety standards, driving terms and conditions, and additional requirements to help mitigate potential risks. Refer to the ACU Driver Policy for the specific requirements and driver qualifications to operate Vehicles.
2. Insurance coverage is extended to Employees and volunteers who are authorized to operate Vehicles to conduct University Business. The Office of Risk Management must be contacted prior to operating vehicles (whether owned, leased, or rented by the University) outside of the U.S. to ensure adequate coverage.
3. Department heads/supervisors are responsible for identifying Employees who are Routine Drivers and submitting these names to the Risk Management office so they can be added to the authorized driver list. Additionally, they must immediately notify the Risk Management office when personnel need to be added or deleted from the list to help maintain an accurate listing and ensure adequate insurance coverage.
4. The Risk Management office will disseminate Proof of Insurance cards and applicable departments will ensure they are maintained in all university-owned or leased vehicles.
5. Each vehicle category has unique and/or specific insurance procedures.

University-Owned Vehicles

The Risk Management office will be informed whenever a vehicle is purchased, transferred to another department, or sold. The following information will be provided for new vehicles: year, make, and model; date of acquisition; amount paid or value of the vehicle; vehicle identification number (VIN); and the license number. Proof of Insurance cards and Accident Report forms will be maintained in the vehicle.

University-Leased Vehicles

The Risk Management office should be informed prior to leasing a vehicle to conduct University business to ensure it is covered by our liability carrier. Additionally, Proof of Insurance cards and Accident Report forms will be provided and will be maintained in the vehicle at all times.

Passenger Vans

All individuals authorized to operate university-owned, leased, or rented passenger vans must complete the Van Driver Certification Program to meet the coverage requirements levied by the University's auto liability carrier. Refer to Appendix C for the unique operator and safety requirements.

Rental Vehicles

The University's auto insurance carrier provides liability coverage on rental vehicles used on University Business and rented in ACU's name. Refer to Appendix D for detailed requirements on how to obtain a rental vehicle.

International Rental Vehicles

The University has acquired foreign auto liability coverage and Employees should contact the Risk Management office to determine if rental insurance should be purchased. If a vehicle is rented on a short-term basis from a rental agency in a foreign country, the vehicle should be rented in the name of the University. If a driver's name is required on the rental form, it should be entered as "Abilene Christian University/(driver's name)."

Personal Vehicles

The vehicle owner's insurance policy provides the primary coverage for auto damage and liability. The University's coverage is secondary and for liability coverage only. This means that the University's insurance coverage will only pay claims made against the employee by third parties involved in an accident and only after the vehicle owner's insurance policy has paid its maximum benefit. Additionally, the University's coverage will **not** pay for damages to the owner's vehicle.

- Employees are responsible for ensuring the following prerequisites are met prior to using their personal vehicle to conduct University Business.
 - Meet all vehicle operator requirements in the ACU Driver Policy.
 - Possess current vehicle registration and state inspection.
 - Possess current auto insurance, with the following coverage limits:
 - State minimum for bodily injury and property damage
 - Under/Uninsured Motorist coverage recommended

Please contact the Risk Management Office at 325-674-2363 if you have any questions concerning the information provided in these procedures.

**ABILENE CHRISTIAN UNIVERSITY
MOTOR VEHICLE REPORT CONSENT AND INFORMATION FORM**

EMPLOYEES _____ (initial here)

I understand and agree that in connection with my continued employment with Abilene Christian University ("ACU"), ACU needs to obtain motor vehicle record (MVR) information to confirm my eligibility or continued eligibility to drive ACU vehicles (whether owned, leased, or rented) or my personal vehicle in the course and scope of my employment. I understand that ACU has an established MVR review program and that my driving history will be reviewed to determine my driving eligibility.

VOLUNTEERS _____ (initial here)

I understand and agree that ACU needs to obtain motor vehicle record (MVR) information as a prerequisite to determine my eligibility to drive ACU vehicles (whether owned, leased, or rented) for ACU-sponsored activities. I understand that ACU has an established MVR review program that my driving history will be reviewed to determine my driving eligibility.

ALL DRIVERS _____ (initial here)

I understand and agree that ACU may use an outside agency to research my motor vehicle and driving records and that the outside agency will provide an MVR report to ACU. Under the provisions of all applicable federal, state and local laws, I hereby authorize and permit ACU, without reservation, to obtain an MVR from any and all states in which I have held a driver's license. I also understand that ACU will comply with all applicable laws and will not release or distribute any MVR information to any outside parties unless legally obligated to do so. I agree that a copy or facsimile of this authorization shall be valid as the original. This authorization shall remain on file and shall serve as an ongoing authorization for ACU to obtain my MVR for lawful purposes at any time during my affiliation with ACU unless revoked in writing. I further understand that under the provisions of the Fair Credit Reporting Act, I have the right to receive a copy of the MVR report from ACU if the results preclude that I am not insurable and that I will be given three (3) business days to dispute any inaccurate information. I also understand that I must provide conclusive proof of inaccuracy and that disputing the results may not necessarily impact the final determination.

I hereby agree to release, indemnify and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as ACU, its employees, agents and representatives, from any and all liability or damages of whatever kind or nature, whether known or unknown, which may at any time arise or result from the request for use of and/or disclosure of any information pursuant to this authorization, except to the extent that such liability or damages arises or results from a violation of any applicable law.

I understand and agree that I am responsible for reviewing and complying with the University Driver Policy and Procedures.

DRIVER INFORMATION

Please indicate applicable category: Faculty Staff Student Volunteer

Department/Organization _____ Email Address _____

Print Full Name _____

Signature _____ Date _____

Supervisor/Sponsor
Signature _____ Date _____

Please attach a photocopy of your current Driver's License to this form.

Return Form to:
ACU Office of Risk Management
Office: 325-674-2363 / Fax: 325-674-2396 / Email: mvr@acu.edu

6/15/2011