

## SAMPLE VEHICLE USE POLICY “COMPANY VEHICLES”

### (to be signed at orientation)

DRIVER'S  
INITIALS

- \_\_\_\_\_ 1. The assigned driver is responsible for ensuring the safe, secure and legal operation of any vehicle in his or her care. The driver is responsible for maintaining the vehicle according to manufacturer's specifications.
- \_\_\_\_\_ 2. Only the assigned driver is allowed to drive.
- \_\_\_\_\_ 3. Only authorized passengers are allowed in company vehicles.
- \_\_\_\_\_ 4. Personal use of company vehicles is prohibited except for travel to and from work or, when working out of town, travel to routine and necessary establishments pre-approved by management.
- \_\_\_\_\_ 5. Seatbelt use is required at all times for the driver and any passengers.
- \_\_\_\_\_ 6. The use of handheld or hands-free cell phones, or other devices that take attention away from the driving task, are prohibited when driving company vehicles. Employees are prohibited from talking or texting on any cell phone while driving a motor vehicle for business purposes. Employees are required to pull over and stop their vehicle before answering or placing calls. Voice mail should be used to receive calls while driving. This company policy must be followed at all times while driving a motor vehicle for business purposes.
- \_\_\_\_\_ 7. Alcoholic beverages and empty containers are prohibited in company vehicles at all times.
- \_\_\_\_\_ 8. Unless required by a specific job assignment or to consume a legitimate meal, company vehicles are prohibited at establishments that serve alcohol for on premise consumption.
- \_\_\_\_\_ 9. Unless required by a specific job assignment, company vehicles are prohibited at establishments that sell alcohol for off-premise consumption.
- \_\_\_\_\_ 10. Illegal activities and substances are prohibited at all times in company vehicles.
- \_\_\_\_\_ 11. Driving a company vehicle while impaired by alcohol or any drug, whether legal or illegal, is prohibited.
- \_\_\_\_\_ 12. All drivers are required to submit to periodic motor vehicle records checks and are subject to the company's driver disqualification standards.
- \_\_\_\_\_ 13. When driving, I will use caution and drive responsible at all times
- \_\_\_\_\_ 14. When driving, I will continuously look out for pedestrians
- \_\_\_\_\_ 15. When driving, I will not drive aggressive and will leave plenty of stopping distance in front of my vehicle

\_\_\_\_\_ 16. When driving, I will not make any moves that may endanger anyone's safety.

\*\*\* I understand when driving on business that all lives and property are more important than being on time.

DRIVER'S NAME \_\_\_\_\_

DRIVER'S LICENSE NUMBER/STATE \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE SUBMIT THIS SIGNED AND COMPLETED FORM, ALONG WITH A PHOTOCOPY OF YOUR AUTO INSURANCE DECLARATION PAGE.

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