

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.).

TYPES OF COVERAGE	LIABILITY LIMITS Applies to All Types of Coverage
General Tort Liability Vehicle Liability Water Craft Liability	\$ 175,000 per person, any loss other than property \$ 25,000 per person, property damage \$1,000,000 per occurrence, all claimants and coverage

Should any of the above described coverage be withdrawn, the State will attempt to mail 30 days written notice to the certificate holder.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 _____

Property Damaged _____

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

AND SEND TO YOUR AGENCY RISK MANAGEMENT
COORDINATOR IMMEDIATELY.

ACCIDENT INFORMATION FORM



STATE OF OKLAHOMA

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



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

STATE WIDE TOLL FREE
(For Agency Use Only)

1-888-521-RISK (7475)