



<b>Title: Use of Personal Vehicles on Municipal Business</b>	<b>Policy No.: A.07-01</b>
<b>Section: 14</b>	<b>Page No.: 1 of 7</b>

<b>Legislation Reference:</b>	Jubilee Insurance Agencies Ltd.
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<b>Purpose:</b>	To establish standards to mitigate loss exposure in situations where individuals use their own personal vehicles for Municipal Business.
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**Policy Statement and Guidelines:**

**1. OBJECTIVES:**

- 1.1 Smoky Lake County recognizes that there are occasions when employees and volunteers will use their own vehicles while attending to duties on behalf of the Municipality and has incorporated risk control measures as part of the Risk Pro Management Program with Jubilee Insurance Agencies Ltd. to cooperate in implementing effective risk management when employees use their own personal vehicles for municipal business.
- 1.2 Even though each individual is legally responsible for maintaining and insuring their own vehicles at all times, there is a contingent liability for Smoky Lake County for the operation of those personal vehicles while they are being used on behalf of the Municipality.
- 1.3 The factors of liability exposure are beyond the County’s control if the individual operating his/her own vehicle for the purpose of Municipal business has not acted responsibly, and therefore Smoky Lake County shall introduce practical measures to reduce this risk by implementing a process to serve as a timely reminder for employees of their own legal obligations in operating a licensed vehicle for municipal business.
- 1.4 Maintain records and information to track individual employees and volunteers who may have occasion to use their personal vehicles for official purpose of the municipality.

**2. GUIDELINES:**

- 2.1 The Vehicle and Equipment Loss Prevention Risk Control Program will be undertaken by the County’s Safety Officer to the best of his or her ability, from time to time at the discretion of the County, to manage and ensure adequate risk control measures are implemented when individuals use their own personal vehicles.
- 2.2 Only individuals who have been preauthorized to use their personal vehicles are authorized to use their vehicles for Municipal purposes.

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**Policy Statement and Guidelines:**

- 2.3 Individuals that use their personal vehicles 3 (three) or more days a week, for Municipal Business, shall be required to have their Insurance Broker/Agent complete **Schedule “D”: For Use By Employees Who May Use Their Own Vehicle To Do Business Duties For Their Employer**, and
- 2.3.1 Must notify their Insurance Company to add Smoky Lake County as an **“Added Named Insured”**.
- 2.3.2 Must have Automobile Liability Insurance with insurable limits of not less than **Two Million Dollars (\$2,000,000.00)**.
- 2.3.3 Additional premium insurance coverage costs, if any, associated with the above shall be reimbursed to the employee upon confirmation of such from the employee’s insurance company.
- 2.4 Risk Control measures include:
- 2.4.1 Ensure individual has a valid driver’s license.
- 2.4.2 Ensure individual has a valid Automobile Liability Insurance.
- 2.4.3 Drivers have an acceptable driving record.
- 2.4.4 Type of Vehicle(s) they operate.
- 2.5 Smoky Lake County shall utilize each year at its Annual Safety Meeting a process to track those individuals who operate their own personal Vehicles in connection with their duties for the Municipality.

**3. PROCEDURES:**

- 3.1 All Municipal employees and any individuals who use their own personal vehicles shall be required to complete annually a **Driver Abstract**, as per **Schedule “A”: Driver Abstract Consent**, releasing consent as authorization for Smoky Lake County to obtain a record to keep track and verify knowledge of:
- 3.1.1 That there Operators’ License is valid.
- 3.1.2 Any information about their driving habits that might be cause for concern.
- 3.2 The municipality will maintain an inventory listing and update annually the list of individuals authorized to use their own personal vehicles for municipal business, as per **Schedule “B”: Individuals Operating their Personal Vehicles on Municipal Business**.
- 3.2.1 Inventory listing will include employees and individuals referred to as:  
Full-time, Part-time, Seasonal, and Temporary.

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<b>Policy Statement and Guidelines:</b>	
<p>3.2.2 The Scope of employment for the municipality means attending:</p> <p style="margin-left: 40px;">3.2.2.1 Meetings, courses, training, workshops, and conferences,</p> <p style="margin-left: 40px;">3.2.2.2 Picking up mail or other administrative duties,</p> <p style="margin-left: 40px;">3.2.2.3 Transporting a passenger or other tasks as assigned,</p> <p>where such events are at a location different from the main office or Public Works Shop and individuals are utilized to use their own vehicles.</p> <p>3.3 All individuals shall annually complete <b><u>Schedule "C": To be Completed by Persons Having Occasion to Operate Personal Vehicles While Conducting Duties For the Municipality of Smoky Lake County.</u></b> This procedure is a system to verify that the individual attest to certain basic responsibilities associated with owning and/or operating a licensed vehicle.</p>	

	<b>Date</b>	<b>Resolution Number</b>
<b>Approved</b>	<b>September 22, 2011</b>	<b># 805-11 - Page # 9826</b>
<b>Amended</b>		
<b>Amended</b>		
<b>Amended</b>		
<b>Amended</b>		



SCHEDULE "A"
DRIVER ABSTRACT CONSENT



A "driver abstract is the product name under which Alberta Government Services releases specific information from a person's driving record, which contains:

- Name, Height, Class, License Number, Expiration Date, Address, Weight, Issue Date, Current Demerit Points, Reinstatement, Date of Birth, Sex, MVID Number, Suspended Status, conditions (if any), List of violations (Description, Demerit / Merit Points and Suspension Term)

PART 1

I, \_\_\_\_\_ of \_\_\_\_\_,
Name Address

declare that my Driver's License Number is: \_\_\_\_\_, my Date of Birth is: \_\_\_\_\_
month by name, day, year

and I give consent for my [X] 3 Year [ ] 5 Year or [ ] 10 Year driver abstract to be released, for a period of one year from the date this form is signed, to:

SMOKY LAKE COUNTY of BOX 310, SMOKY LAKE, ALBERTA T0A 3C0
Name of the Person / Organization Receiving the Driver Abstract Address

In accordance with the Alberta Motor Vehicle Information Regulation (AMVIR) choose one of the following subsections:

- 5(1)(a) Driver abstract released to a person known by myself
5(1)(b)(iii) Driver abstract released to my employer or prospective employer
5(1)(b)(v) Driver abstract released to a lawyer representing me

I agree that in no event will the Province of Alberta or its Registry Agents be liable for any damages or losses, however caused, in respect to any defect, error or omission in the driver abstract, or use of the driver abstract by the person receiving it.

Signature Date

PART 2 - Declaration for Faxing (This does not apply to subsection 5(1)(a) above)

I / We, \_\_\_\_\_ of \_\_\_\_\_,
Name of Employer or Lawyer Address

request the driver abstract, as mentioned above, to be faxed to \_\_\_\_\_,
Area Code Fax Number

I / We agree that in no event will the Province of Alberta or its Registry Agents be liable for the driver abstract after it has been faxed to the above number.

Name of Employer or Lawyer Address

This information is being collected for the purpose of Motor Vehicle records in accordance with the Traffic Safety Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for the Alberta Government, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-7013. REG 3387 (2005/11)



**SCHEDULE "B"**

**INVENTORY LISTING**

**INDIVIDUALS OPERATING THEIR PERSONAL VEHICLES ON MUNICIPAL BUSINESS**



Completed By:	Date of Completion:	Department:
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Records Maintained By: \_\_\_\_\_ Department/Organization

DETAILS OF OPERATOR					DETAILS OF AUTOMOBILE				USE FOR MUNICIPALITY
Name	License No.	Class	Expiry Date	Year of Birth	Year	Make	Model	Vehicle Identification No.	Comments / Concerns



SCHEDULE "C"

TO BE COMPLETED BY
PERSONS HAVING OCCASION TO OPERATE PERSONAL VEHICLES
WHILE CONDUCTING DUTIES FOR THE MUNICIPALITY: SMOKY LAKE COUNTY.

Name of Operator: Department:

Records Maintained By: Department/Organization

I, Print Name hereby declare that there are circumstances when I may have occasion to utilize the personal vehicle described below in connection with duties as a Title for Smoky Lake County.
I am aware that it is the legal responsibility of myself, as a vehicle owner and/or operator, to:
1. Maintain the vehicle in a safe mechanical condition...
2. Not to operate the vehicle...
3. Maintain valid Automobile Third Party Liability Insurance...
4. Maintain current Vehicle Certificate of Recognition.
I wish to voluntarily declare the following information as being correct as at the date stated below:
Operator's License No.: Expiry Date:
Automobile to be Used: Year Make Model Serial Number
Insurance Company:
Insurance Auto Policy No.:
Current Insurance Period: From: To:
Third Party Liability Limit: \$
Vehicle Certificate of Registration: Expiry Date:
If any of the above information changes, I acknowledge that it is my responsibility to inform the Municipality of the changes in order that their records can be maintained up-to-date.
Date: Signed:



SCHEDULE "D"

FOR USE BY EMPLOYEES WHO MAY USE THEIR OWN VEHICLES TO DO BUSINESS DUTIES FOR THEIR EMPLOYER

Name of Employee: Position:

Date: To: Insurance Broker / Agent Re: Insurance Auto Policy No.: To whom this may concern: Within the course of my employment with Smoky Lake County, there are occasions when I am required to utilize my own vehicle to: (check all that apply) [ ] Attend meetings, courses, training, workshops, and conferences. [ ] Perform other administrative duties. [ ] Transport a passenger. [ ] Other tasks as assigned: where such events are at a location different from the office. The frequency of such use is approximately \_\_\_\_\_ days per year requiring approximately \_\_\_\_\_ kilometers per year of travel in my vehicle. This letter is to notify you of this use, and to determine if there would be any additional Insurance Coverage and Premium required as a result. Please advise me in writing as soon as possible, as to whether or not additional coverage or premium is required. If so, could you please provide in writing the annual amount of the additional premium for such as well. I can be reached at \_\_\_\_\_ should you require further information as to business use frequency and/or annual distances traveled. Sincerely, Employee Signature