Driver Agreement & Information Form TR



UNIVERSITY 1600 West Bank Drive erborough, Ontario K9L 0G2 one: 705-748-1011 ext. 7372 Fax: 705-748-1009

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New Renewal	1600 West Bank Driv Peterborough, Ontario K9L 0G
Date (d/m/y):	Phone: 705-748-1011 ext. 7372 Fax: 705-748-100
	www.trentu.ca/riskmanagemo
Employee Name:	Employee Information
Home Address:	Department
City & Province:	Job title:
Postal Code:	
Do you have a valid drivers license?	Email:
yes no	Work Phone:
Driver's Licence	Status
number:	C Employee
Province of Issue:	Student
Date of Birthd/m/y:	Student
No. of years	Employee
licensed in Canada:	○ Volunteer
No. of years licensed elsewhere (indicate where):	*Please submit a LEGIBLE copy of the
List any vestvistions on	front AND back of your current
List any restrictions on your licence:	driver's licence attached to this form.
Has your licence been cancelled or suspended in the last 6 Years?	yes no
If yes indicate when and why?	
When (d/m/y):	
Why:	
Do you have 5 or more demerit points against your licence?) yes
Please list all traffic convictions you have had in the last 3 years:	
	O
Have you had any vehicle accidents in the last 5 years?	yes no
If yes, please give particulars (date, bicycle or pedestrian collision,	amount paid, charges laid etc.):

I UNDERSTAND THAT (please read carefully):

All information provided by me on this form is true and accurate to the best of my knowledge.

Insurance:

The Insurer and Trent University reserve the right to obtain a copy of your driver's record (abstract) both upon receipt of this application and periodically thereafter, as deemed appropriate by the University, to verify the driver remains in good standing.

Driver's Licence:

- · I must have a valid driver's licence for any country and class of vehicle that I will drive. Trent University will not insure G1 licensed drivers. Drivers who fail to maintain a valid licence commit an offence under the Ontario Highway Traffic Act and may invalidate coverage under Trent's automobile insurance policy should a claim arise. (Please note: it is the Driver's responsibility to ensure that his or her licence is valid)
- I will immediately inform my supervisor and the Risk Management Office of a change in my status as a driver, including but not limited to: suspension of driver's licence, increase/reduction in demerit points, need for medical review, corrective lenses, suspension or expiration of my license etc. Driving a university vehicle without a valid license is prohibited and may constitute grounds for disciplinary action.
- · If my demerit points exceed 5, I am involved in multiple accidents in a two year period, I am involved in a very serious accident or I am exhibiting erratic driving behaviour I may lose my status as an authorized driver.
- · I will follow all restrictions noted in mylicence.

The Law:

- I will obey all the applicable laws including the Highway Traffic Act at all times while operating a Trent University vehicle. Specifically:
- My blood alcohol and THC levels are not to exceed the limits specified in the Highway Traffic Act and the Criminal Code and I will not be under the influence of any illegal drugs when operating a Trent University vehicle. Failure to adhere to this condition will result in the immediate removal of driving privileges, will invalidate your personal liability coverage by the Trent University insurer and may constitute grounds for disciplinary action up to and including termination of employment.
- Only fully hands free wireless devices may be used while operating a Trent vehicle, on or off Trent property. The vehicle must be at a complete stop, out of the lanes of traffic, if a hand held device is used.
- · I will not engage in street racing as defined by the highway traffic act (at 50kph over the posted speed limit).
- I will not operate a Trent University vehicle in an inappropriate or unsafe manner on or off Trent property and will exercise extra care for the safety of pedestrians while operating a Trent University vehicle off vehicle roadways.
- I am personally responsible for any costs associated with the breach of any statue or bylaw while operating a Trent University vehicle (e.g. impound fees, towing fee, fines, traffic or parking tickets, cost to rent a similar replacement vehicle for duration of an impound).

Safety:

- · Unauthorized passengers and hitchhikers are not permitted in University vehicles.
- · All vehicle occupants will use seatbelts unless legally exempted due to a disability and the number of passengers will not exceed the number of seatbelts.
- · University vehicles are only to be used for university business.
- $\cdot \quad$ Smoking is not permitted in a university vehicle.

Supervisor's name (pls. print):

- At the start of each day or shift, I will conduct a complete circle check of the vehicle noting any defects or damage, including tire wear. I will physically check the brakes, lights, horn, wipers and any other safety equipment to verify that they appear to be working as intended. Any defects will be immediately reported to my supervisor. Unsafe vehicles will not be driven until they have been repaired.
- I will immediately report any accidents to my supervisor, the Risk Management Office and the Police (when required by law) or Campus Security (on Trent property).

The personal information on this form is collected by Trent University under the authority of Section 17 of the Trent University Act, and will be used to create and maintain a Trent University approved drivers' list. The information will be provided via our broker to the University's insurer and other necessary agents of the insurer, for insurance purposes including claims and legal action.

broker to the University's insurer and other necessary agents of the insurer, for insurance purposes including claims and legal action. In signing this agreement you are giving consent for Trent University to use your information for these purposes. If you have any questions regarding the collection, safeguarding and use of your personal information, please contact Risk Management at 7372. I have reviewed the Trent University Vehicle Policy I have reviewed the Accident Report Form I have reviewed the Safe Towing Checklist I have reviewed the <u>Vehicle Daily Circle Check Form</u> I have read, understand and agree to the terms of the Driver Agreement and Information Form: Date: **Expiry date for this Driver** Signed By: Approval if applicable(d/m/y): Date: Don't forget to include a photocopy of your driver's Supervisor's signature license (front and back). Print Form Reset Form

Last updated: September 18, 2019

1600 West Bank Drive Peterborough, ON Canada K9J7B8



Telephone (705) 748-1011 ext. 7372 Facsimile (705) 748-1009

PERSONAL INFORMATION- NAMED INDIVIDUAL PRIVACY CONSENT FORM

BETWEEN: TRENT UNIVERSITY			
AND:	(the "Named Individual")		
Limited("Marsh") has been re products to Trent University a	ed Individual hereby acknowledge that Marshained by Trent University to provide insuranced to acquire or renew a policy or policies of addition to Trent University may be insured.	ce coverage and insurance, under	
As part of the application for new or renewal insurance coverage(s), the Named Individual hereby authorizes and expressly consents to Trent University collecting, using and disclosing the name and Driver's Licence number of the Named Individual as required for the purposes of obtaining maintaining, renewing and administering such policy or policies and as permitted pursuant to relevant privacy laws or other laws, including providing such Personal Information to third parties as required for the foregoing purposes, including Marsh and associated insurance companies, intermediaries, reinsurers, other brokers, claims adjusters or other necessary third parties. The name and Driver's Licence number of the Named Individual required for insurance-related purposes will be transferred in accordance with the University's Policy on the Protection of Personal Information. If the Named Individual wishes to restrict the general nature of this consent to any specific area, please indicate:			
Questions or concerns may b	e directed to:		
Director, Campus Safety Jason Salo Blackburn Hall, Room 108 705-748-1011 x7054 riskmanagement@trentu.ca			
Named Individual's Name (Plea	e Print)		
Signature of Named Individual	Date (dd/mm/yyyy)		