**Request to Travel in Personal Vehicle**

I request permission to drive my personal vehicle for the trip listed on the attached Training and Development/Travel Request Form for the following reason:

I understand that I assume some financial risk in this situation because my own auto insurance comes first if there is an accident, in two important ways:

1. The University does not provide collision damage and comprehensive coverage (deer strike, broken windshield, car theft) for a personal vehicle, and will not reimburse individuals for such damage to their cars, even for the deductible before the personal vehicle’s insurance applies. Therefore, the individual is at risk for ever dollar of any damage to their own vehicle from any cause during the trip.
2. The law in PA and all other states concerning auto liability insurance is clear: “insurance follows the vehicle”. This means that the insurance purchased for a personal vehicle must apply if the vehicle causes injury or damage to someone else, regardless of the nature of the trip. So, the individual’s car insurance would pay for an accident, which could have long-term financial consequences in the rates the vehicle owner is charged if they are found by the insurer to be at fault for a business trip accident; additionally, the insurer may increase the premium upon realizing a personal vehicle is used for business travel. The University’s auto liability insurance will protect the University and the driver beyond the policy limits of the personal auto coverage if the accident is severe enough to require further contribution, but the personal policy must be exhausted before the University’s policy contributes, regardless of the circumstances.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s name (printed clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Employee’s signature Date

Please have supervisor sign and date below to approve.

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date