

Driver Exclusion Acknowledgement Form

Employee Information

Employee Name:

Date:

Employee ID:

Job Title:

Manager:

Department:

Based on a review of the employee's past driving record, it has been determined that the employee will not be further covered by 's commercial auto insurer and is therefore not allowed to operate any company vehicles belonging to .

Acknowledgement of Exclusion

By signing this form, you confirm that you understand the information and agree to the terms of this exclusion. You also confirm that you and your manager have discussed the terms of the exclusion and a plan for work accommodations.

Employee Signature

Date

Manager Signature

Date

Provided by: The Capacity Group of Companies