

DELIVERY DRIVER AGREEMENT

Drivers Name: _____
(Please Print)

As a Delivery Driver, I hereby agree to the following:

1. I agree to comply with the standards and procedures set forth by my employer and with all other guidelines from time to time established for my Delivery Driver position.
2. I will attend all scheduled driver meetings
3. I will use due care and caution in the operation of my delivery vehicle and will strictly comply with all safe driving rules of the road, including all speed limits, posted directional signs and parking regulations. Under no circumstances will I operate my delivery vehicle while under the influence of drugs or alcohol or when my physical or mental condition may be otherwise impaired.
4. The vehicle I use for delivery services will:
 - Not be used for personal errands while going to, during, or returning from a delivery, unless directed by my employer.
 - Be maintained in good condition and repair.
 - Comply with all rules and regulations governing safe and unlawful operation.
 - Comply with all the guidelines established by my employer.
5. Attached to this Agreement is a true and complete copy of my current DMV report. I agree to provide updated DMV reports upon request and will immediately notify you if I am involved in any accidents or receive any subsequent citations during the course of my employment.
6. I understand that any violation of this Agreement or of any of the standards, procedures or guidelines applicable to my Delivery Driver position may result in suspension or termination. In particular, I acknowledge the need for utmost safety and due care in the operation of my delivery vehicle and in the conduct of delivery services.
7. I understand and I am prohibited from carrying any passengers without management authorization. I will uphold the high driver standards of a Delivery Driver.

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- 8. I agree to only operate the vehicle approved by the insurance company and will not drive a substitute vehicle without carrier's prior approval.
- 9. I agree to maintain my automobile insurance (including coverage for Bodily Injury, Property Damage and Personal Liability) **AT ALL TIMES** while using my vehicle for delivery and will inform my employer if my insurance coverage is changed, canceled or not renewed.
- 10. I understand that **MY** insurance is responsible if I am involved in an accident that causes injury or damage to another person and/or their property. I am also aware that my employer's insurance **DOES NOT** cover my vehicle for comprehensive or collision coverage.
- 11. I am aware that some insurance companies attach a "Delivery Exclusion" on their auto policies and if I sign this exclusion I will have no insurance while I use my vehicle for delivery. I am also aware that if I am involved in an accident my employer's insurance will only cover me for my injuries, but will not cover my liability if I cause bodily injury or damage to another person and/or their property, or for any collision damage to my vehicle.
I will immediately notify my employer if I have signed this exclusion or receive such exclusion.

Driver's Signature

Date

Insured's Signature

Date