



## CREDIT APPLICATION

Please complete all applicable items.

Company Name \_\_\_\_\_ ("Credit Applicant") DBA Name \_\_\_\_\_ Year Business Started \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Ownership: ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ C-Corp ☐ S-Corp ☐ Non-Profit  
Type of Business \_\_\_\_\_ Duns Number \_\_\_\_\_  
Parent Company or Affiliates (Name & Address): \_\_\_\_\_

### FLEET MANAGER CONTACT INFORMATION

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone # \_\_\_\_\_  
Fleet Manager Address \_\_\_\_\_

### FINANCIAL INFORMATION

Are your books prepared by an outside Accountant? ☐ Yes ☐ No  
Accounting/CPA Firm \_\_\_\_\_ Email Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Has Credit Applicant, or any principal involved in Credit Applicant, ever filed for protection under bankruptcy laws? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

### ENCLOSING WITH APPLICATION

Three years of Financial Statements (with footnotes) ☐ Audited ☐ Opinioned ☐ Internal  
Published Annual Reports ☐ Yes ☐ No  
Income Tax Returns (3 years) ☐ Yes ☐ No  
Other Items Included: \_\_\_\_\_  
Federal ID Number: \_\_\_\_\_  
Fiscal Year End (Month): \_\_\_\_\_

### CURRENT VEHICLE SUPPLIER

☐ Purchasing ☐ Leasing ☐ Finance

Leasing Supplier	Phone #	E-Mail Address	Acct #	# of Vehicles
Financing Source	Phone #	E-Mail Address	Acct #	# of Vehicles

### INSURANCE

Company \_\_\_\_\_ Agent \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## ACH AUTHORIZATION AGREEMENT

### LESSEE INFORMATION

Company Name \_\_\_\_\_ SSN / FEIN \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Email Address \_\_\_\_\_

### BANK INFORMATION

Bank Name \_\_\_\_\_ Checking Account Only \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bank Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
ABA / Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**\*\*PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT LISTED ABOVE\*\***

Upon approval of this Credit Application, I (we) hereby authorize Enterprise Fleet Management, Inc., hereinafter called "EFM", to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my/our checking account indicated above and to further authorize the depository named above, hereinafter called "DEPOSITORY", to debit and/or credit the same to such account. I (we) covenant and agree to instruct any and all banks or other financial institution specified in this Credit Application and ACH authorization to process debits using the Automated Clearing House funds-transfer system.

This transaction will be completed in accordance with the following provisions:

1. The withdrawal will occur on the 20th of each month. If the 20th of each month falls on a weekend, amounts will be withdrawn on the next business day.
2. An electronic copy of the invoice and/or statement will be available on EFM's website (<http://efmfleetaccess.efleets.com>) by the 5th business day of each month. The Lessee will be expected to review the invoice/statement prior to the 15th of each month. The Lessee reserves the right to call EFM and dispute a charge by the 15th of the month. EFM will withdraw the entire invoice amount each month if no charges have been disputed by the 15th of each month. Upon request to EFM, a hard copy of an invoice or statement will be mailed to the lessee each month via the United States Postal Service.
3. For any amount owed by the Lessee to EFM that is not paid due to insufficient funds on the date the debt should occur, a \$25 non-sufficient funds transaction fee will be assessed. The transaction fee shall be paid by the Lessee to EFM on demand.
4. This authorization is to remain in full force and effect until EFM has received written notification from the Lessee of its termination in such time and in such manner as to afford EFM and DEPOSITORY a reasonable opportunity to act on it. Cancellation will also occur if EFM has sent the Lessee a ten day written notice for EFM's termination of the agreement. Cancellation requests for this agreement should be forwarded to:

[ARBilling@efleets.com](mailto:ARBilling@efleets.com)

### STATEMENT OF POLICY AND PROCEDURES

Enterprise Fleet Management, Inc. and affiliates will use the information provided in this for the purpose of fleet and rental related services/programs.

Enterprise Fleet Management, Inc. reserves the right to return this application if all sections are not completed or determined misleading.

Enterprise Fleet Management, Inc. will conduct future inquiries on an annual basis as part of the annual credit review process or as fleet size increases, and reserves the right to ask for additional or updated financial information as the need warrants as part of the credit underwriting process.

AUTHORIZED SIGNERS FOR MOTOR VEHICLE LEASE(S)

RESOLVED, That this Company lease from Enterprise Fleet Management, Inc., hereinafter called EFM, from time to time, such motor vehicles upon such terms and conditions, as in the judgment of the Officer(s) or employee(s) hereinafter authorized, this Company may require.

RESOLVED FURTHER, that:

NAME \_\_\_\_\_  
Print Name Title

NAME \_\_\_\_\_  
Print Name Title

NAME \_\_\_\_\_  
Print Name Title

NAME \_\_\_\_\_  
Print Name Title

are authorized and empowered on behalf of and in the name of this Company to execute Motor Vehicle Leases with EFM on such terms as may be agreed to by said person.

RESOLVED FURTHER, that EFM is authorized to act upon this authorization until written notice of its revocation is received by EFM.

I do hereby certify that the information contained in this Credit Application is accurate in all material aspects as required by law. Further, I do hereby certify that I am an authorized representative of this Company and have been given the authority to sign this agreement on behalf of the Company.

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Signature Company Name

\_\_\_\_\_  
Date

For the purpose of seeking to secure credit from Enterprise Fleet Management, Inc. (together with its affiliates, successors, assigns and third party service providers, "EFM"), Credit Applicant (a) authorizes (i) EFM to run a credit report, investigate and verify the information in this Credit Agreement, and/or obtain financial and/or credit information from any person or entity with which Credit Applicant has or had financial dealings, including banks, lending institutions and trade or credit references, whether or not such person or entity is identified in this Credit Application, which information may include financial statements, tax returns, and banking records, (ii) EFM to contact any of Credit Applicant's current or former employers or creditors to verify any information contained herein or received in connection with this Credit Application if Credit Applicant is a sole proprietor, and (iii) any third party who may have relevant information to provide such information to EFM, (b) will notify EFM if there is any change in name, address, or any material adverse change (c) in any of the information contained in this Credit Application, (ii) in Credit Applicant's financial condition, or (iii) in Credit Applicant's ability to perform their respective obligations to EFM, and (c) represents and warrants that any and all information provided to EFM by Credit Applicant is true, correct and complete as of the date hereof. The lack of any notice of change in the representations and warranties included in this Credit Application shall be considered a continuing statement that the information provided in this Credit Application remains true, correct and complete.

As permitted by law, EFM may also release information about EFM's credit experience with Credit Applicant. Credit Applicant understands and agrees that all reports and records developed by EFM or any third party agent in connection with the foregoing investigations are the sole property of EFM and will not be provided to Credit Applicant unless otherwise required by applicable law or agreed to by EFM in writing.

The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that Credit Applicant has the capacity to enter into a binding contract); because all or part of Credit Applicant's income derives from any public assistance program; or because Credit Applicant has in good faith exercised any right under the Consumer Credit Protection Act. If this credit application is denied, Credit Applicant may have the right to a written statement of the specific reason(s) for the denial. To request to obtain the statement, Credit Applicant may contact EFM at: 600 Corporate Park Drive, ATTN: EFM Credit Department, St. Louis, MO 63105, within 60 days from the date Credit Applicant is notified of the denial. If applicable, within 30 days of EFM's receipt of the request, EFM will send Credit Applicant a written statement specifying the reason(s) for the denial.

**THE FOLLOWING ARE ONLY APPLICABLE TO CREDIT APPLICANTS THAT ARE SOLE PROPRIETORS**

If Credit Applicant is a sole proprietor, upon request from Credit Applicant, EFM will advise Credit Applicant whether a credit report was requested and if such a report was requested, EFM will inform Credit Applicant of the name and address of the credit reporting agency that furnished the report. In the event the Credit Applicant is a sole proprietor and is a resident of the state of California, Ohio, Rhode Island or Vermont, Credit Applicant agrees that, in addition to all of the foregoing, by signing below, he or she has been provided state notices and agree to the additional terms listed below:

**California Disclosure** - The Credit Applicant, if married, may apply for a separate account.

**Ohio Disclosure** - The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Rhode Island Resident** - A credit report may be requested in connection with this application for credit.

**Vermont Resident** - By signing this Credit Application, the credit applicant consents to your obtaining a credit report for the purposes of evaluating this Credit Application and to obtain subsequent credit reports, in connection with this transaction, for the purpose of reviewing the account, taking collection action on the account or for any other legitimate purpose associated with the account.

The person signing below personally represents and warrants to EFM that he/she is authorized to make this application for credit on behalf of Credit Applicant.

Please note that this Credit Application is an application and does not commit or require EFM to extend any credit whatsoever to Credit Applicant.

Edge Cust #: 470927

Submitted By: Karole Fitzgerald

Group/Branch 2R88



INSURANCE COMPANY

## Risk Management Application

1	<b>Applicant Name</b>	City of North Port	9	<b>YR Co. Started</b>	
2	<b>Address</b>	4970 City Hall Boulevard	10	<b>Tax ID#</b>	56-6072227
3	<b>City</b>	North Port	<b>State</b>	FL	<b>Zip</b> 34286
4	<b>Phone</b>	(941) 429-7300	11 <b>Business Type:</b>		
5	<b>Web Address</b>	http://www.cityofnorthport.com	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> L.L.C. <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> Other		
6	<b>Applicant Insurance Contact</b>	Sandy Knowles	Government		
7	<b>Contact Phone</b>	941-429-7200	<b>Contact Email</b>		
8	<b>List any and all subsidiaries:</b>				
	The primary contact(s) at the Police Department				
12	<b>Describe your business and how the company vehicles are used:</b>				
	City of North Port Police Dept. will have their undercover detectives utilizing approximately 6 vehicles. They are a non-pursuit division.				
13	<b>Radius of Territory/Operation</b>	100 +/-	<b>Avg Annual Mileage</b>	15,000	
14	<b>Are any vehicles equipped with movable or other aftermarket equipment? (check all that apply)</b>		15	<b>Are any vehicles used for transporting hazardous, flammable, explosive materials or chemicals?</b>	
	<input type="checkbox"/> Hydraulic Lift <input type="checkbox"/> Lift Gate <input type="checkbox"/> Box <input type="checkbox"/> Dump Body <input type="checkbox"/> Service Body <input type="checkbox"/> Mobility Assistance <input type="checkbox"/> Stake Body <input type="checkbox"/> Vehicle Wraps Cost \$ _____ <input type="checkbox"/> Crane <input type="checkbox"/> Other: _____ <input type="checkbox"/> Boom			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "yes" please explain: Certified bang box that contains flash bang, ammo, narcotics	
16	<b>Does your company carry a motor carrier permit?</b>		<b>If "yes", Indicate a number</b>		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
17	<b>If any vehicles are used to tow trailers, indicate:</b>		18 <b>Where are the vehicles garaged at night?</b>		
	<b>Trailer Type(s)</b>	na	<input type="checkbox"/> Company Facility <input checked="" type="checkbox"/> Employee Home *Include City, ST Zip		
	<b>Trailer GVW</b>				
19	<b>Provide Current AUTO Insurance Information:</b> <i>Provide copy of current Declarations Page</i>				
	<b>Current Carrier Name:</b>	Preferred Government Insurance Trust	<b>Policy Expiration Date:</b>	9/30/2018	
	<b>Policy Number:</b>	PX FL1 0582501 17-03	<b>Current Annual Premium</b>		
	<input type="checkbox"/> N/A No Company Vehicles				
20	<b>Quote Physical Damage Management Only</b> <input checked="" type="checkbox"/> YES				
21	<b>All Quotes will provide the following:</b>				
	Auto Liability Limit: \$1,000,000 Combined Single Limit		<b>Physical Damage Management Options</b>		
	Medical Payments \$5,000		Comprehensive		
	Statutory PIP		Collision		
	Uninsured/Underinsured Motorist \$1, 000,000 Combined Single Limit		<input type="checkbox"/> \$500 <input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$1000 <input checked="" type="checkbox"/> \$1000 <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		
	<input type="checkbox"/> I would like to be contacted to discuss additional options available for Uninsured/Underinsured Motorists coverages.		<b>**Loaner Car:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	<b>**Loaner Car:</b> Provides rental car when insured vehicle involved in an accident up to \$30 per day for a maximum of 30 days (refer to quote).				

**HIRED AUTO: an auto the applicant leases, hires, rents or borrows i.e. vehicle rented for business travel.**

- 22 How often do you rent vehicles: ☐ Never ☒ Occasionally ☐ Daily ☐ Weekly ☐ Monthly
- 23 What is the approximate annual cost of renting vehicles:
- 24 What is the purpose of renting vehicles: ☐ Vehicle in Shop ☐ Busy/Special Need ☒ Travel
- 25 What type of vehicles do you rent:
- 26 Quote this coverage: ☐ Liability and Physical Damage ☐ Liability Only ☒ No

**NON-OWNED: vehicles the company does not own, lease or rent; i.e. reimbursed driver, employee taking personal vehicle to bank.**

- 27 Are any employees on reimbursement, mileage allowance or use their personal vehicle for company business:  
☒ No ☐ Yes If Yes, how many employees:
- 28 Do you require your employees to maintain liability insurance: ☒ No ☐ Yes If yes, what limits are required:
- 29 Quote this coverage: ☐ Yes ☒ No

- 30 What form of Maintenance Program is currently being used: ☐ In House ☒ Full Maintenance  
☐ Local Shops ☐ Maintenance Management
- 31 Are Employee Driving Records obtained prior to hiring: ☒ Yes ☐ No Annually: ☒ Yes ☐ No
- 32 Has any driver been licensed in the US less than 3 years: ☐ Yes ☒ No
- 33 Does applicant have either of the following: ☐ Driver Safety Program ☒ Company Car Policy ← Provide Copy if applicable.
- 34 Are employees permitted to use vehicles for personal use: ☒ Yes ☐ No  
If Yes, who is permitted to use the vehicles: ☒ Employee Only ☐ Spouse/Partner ☐ Family Members ☐ No Policy
- 35 What is the plan for insuring the fleet: ☐ All Vehicles ☒ Only Leased Vehicles
- 36 Are all drivers covered by Workers Compensation: ☒ Yes ☐ No Do contractors operate vehicles? ☐ Yes ☒ No

37 List the number of vehicles in your fleet over the past 4 years:

Current Year   
Past Year 1   
Past Year 2   
Past Year 3

**Required Attachments****A Loss History - 4 policy years including current year**

Must have current valuation date - Include all subsidiaries

**B Vehicle List - include all leased, owned or financed vehicles**

Yr/Make/Model/Vehicle Identification Number/Cost New/Garaging Locations -City/State/Zip

**C Drivers List - include all employees driving vehicles for company business**

Name/Date of Birth/Driver's License Number/State

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

All driving records will be obtained from the applicable State Motor Vehicle Record Department. The Applicant, as referred to on page 1, hereby warrants and represents that it has obtained proper authorization from all employees and/or agents to have such driving records obtained and reviewed for underwriting purposes. The undersigned warrants that the statements and representations are true to the best of his/her knowledge and that they are authorized to sign on behalf of the applicant. This does not evidence coverage. If accepted by the insurance company, coverage is effective on the date issued as shown on the declarations page.

Applicant Signature/Title

Date





## PUBLIC ENTITY

### SELF INSURED RETENTION SCHEDULE AND ENDORSEMENT

COVERED PARTY: City of North Port

AGREEMENT NO.: PX FL1 0582501 17-03

#### SELF INSURED RETENTION SCHEDULE

The Coverage Limits shown on the Declarations Pages and/or General Change Endorsement/s will apply excess of the "Self Insured Retention" when indicated with an "X" below. If this Coverage form contradicts any other Coverage form, this form becomes primary for those incidents of conflict.

<input type="checkbox"/> PROPERTY	Each Occurrence
<input type="checkbox"/> INLAND MARINE	Each Occurrence
<input type="checkbox"/> CRIME	Each Occurrence
<input checked="" type="checkbox"/> GENERAL LIABILITY (includes Employee Benefits)	\$100,000 SIR Per Person / Per Occurrence
<input checked="" type="checkbox"/> LAW ENFORCEMENT LIABILITY	\$100,000 SIR Per Person / Per Occurrence
<input checked="" type="checkbox"/> PUBLIC OFFICIALS LIABILITY	\$100,000 SIR Each Claim
<input checked="" type="checkbox"/> EMPLOYMENT PRACTICES LIABILITY	\$100,000 SIR Each Claim
<input type="checkbox"/> SCHOOL LEADERS LIABILITY	Each Occurrence
<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	\$100,000 SIR Per Person / Per Accident
<input type="checkbox"/> AUTOMOBILE PHYSICAL DAMAGE - COMP	Each Accident
<input type="checkbox"/> AUTOMOBILE PHYSICAL DAMAGE - COLL	Each Accident
<input checked="" type="checkbox"/> EXCESS WORKERS COMPENSATION	\$350,000 Each Occurrence

In the event that an occurrence, claim, offense or wrongful act continues beyond the coverage period, the applicable deductible would apply separately to each coverage period in which the occurrence, claim, offense, or wrongful act was committed or was alleged to have been committed.

#### CLAIMS

- A. **Your Claims Handling Duties.** It is your responsibility to investigate, settle, defend and appeal any claim made against you for coverages indicated above. It is also your responsibility to investigate, settle, defend and appeal any suit brought or other proceedings instituted against you.
- B. **Your Claims Reporting Duties.** It is important for you to understand that "Written Notice" shall contain complete details of the allegation, claim, injury, or death. Providing loss runs does not constitute notice.
1. You must report all claims for coverages on a Claims Made basis on your "self insured retention" immediately.



# PUBLIC ENTITY

## AUTOMOBILE COVERAGE PART DECLARATIONS

### ITEM ONE

COVERED PARTY: **City of North Port**

AGREEMENT NO.: **PX FL1 0582501 17-03**

### ITEM TWO

#### SCHEDULE OF COVERAGES AND LIMITS OF COVERAGE

This agreement provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Public Entity Automobile Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Auto Section of the Public Entity Automobile Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	1	Total Any One Accident \$2,000,000  \$100,000 SIR Subject to PGIT MN-903	Included
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	STATUTORY	Included
AUTO MEDICAL PAYMENTS	N/A		Not Included
UNINSURED MOTORISTS	N/A		Not Included
UNDERINSURED MOTORISTS (When not Included in Uninsured Motorists Coverage)	N/A		Not Included
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	10	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DED. AS SCHEDULED FOR EACH COVERED AUTO PER ATTACHED SCHEDULE, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos."	Included
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	N/A	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$____ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos"	Not Included
PHYSICAL DAMAGE COLLISION COVERAGE	10	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DED. AS SCHEDULED FOR EACH COVERED AUTO PER ATTACHED SCHEDULE. See ITEM FOUR For Hired Or Borrowed "Autos."	Included
PHYSICAL DAMAGE TOWING AND LABOR (Not available in California)	N/A	N/A For Each Disablement of A Private Passenger "Auto"	Not Included
PREMIUM			INCLUDED

**ITEM THREE****SCHEDULE OF COVERED AUTOS YOU OWN**

SEE ATTACHED SCHEDULE
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**ITEM FOUR****SCHEDULE FOR HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS****LIABILITY COVERAGE**

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE	FACTOR (If Liability Cov. Is Primary)	PREMIUM
FL	\$ IF ANY	FLAT CHARGE		Included

**PHYSICAL DAMAGE COVERAGE**

COVERAGES	LIMIT OF COVERAGE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIRS, WHICHEVER IS LESS, MINUS \$ ____ DED. FOR EACH COVERED AUTO.	\$ IF ANY	\$	Not Included
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ ____ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIRS, WHICHEVER IS LESS, MINUS \$ ____ DED. FOR EACH COVERED AUTO	\$ IF ANY	\$	Not Included
			PREMIUM	Not Included

**ITEM FIVE****SCHEDULE FOR NON-OWNERSHIP LIABILITY**

NAMED COVERED PARTY'S BUSINESS	RATING BASIS	PREMIUM
Municipality	IF ANY	Included

**FORMS AND ENDORSEMENTS**

Forms and endorsements applying to this Coverage Part and made part of the coverage agreement at this time of issue:

See PGIT MN-002

Premium: \$ INCLUDED

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON AGREEMENT DECLARATIONS, TOGETHER WITH THE COMMON AGREEMENT CONDITIONS, COVERAGE PART(S), FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED AGREEMENT.





the City may monitor Internet sites visited by employees and may review material downloaded or uploaded by users.

Any passwords used by employees must be revealed to the City, as computer or E-mail files may need to be accessed by the City in an employee's absence.

#### **2.10 Use of City Vehicles**

The City Manager shall approve the ongoing use of City vehicles for certain positions when on City business. The City prohibits the use of City vehicles for commuting purposes outside the City limits, except as authorized by the City Manager to allow employees who may be designated On-Call or in positions that require emergency response.

City vehicles shall be used for official business and shall be operated within the limits of traffic laws and safety regulations. Each employee who drives a City vehicle on official business for the City shall possess a valid, appropriate Florida driver's license. Each employee shall be personally responsible for any fines incurred as a result of a moving violation while driving a City vehicle. No employee shall operate a City vehicle when any physical or mental impairment causes the employee to be unable to drive safely. Employees using City vehicles shall be responsible for the timely reporting of any malfunctions or maintenance needs. Employees who are assigned a non-emergency City vehicle and operate the vehicle to commute to work shall be responsible for the tax liability for the value of this benefit.

With prior approval by the City Manager or designee, employees using a personal vehicle for City business will be paid a mileage allowance. The City requires any employee commuting in a City vehicle or using a personal vehicle for City business to maintain automobile insurance coverage in the amounts established by the City with said proof of insurance on file in Risk Management. The employee's liability insurance will be considered as primary coverage and the City's insurance coverage will be considered as excess or secondary in case of a claim or suit, when an employee is outside the course of his/her employment.

Employees shall not use City vehicles except in the performance of official duty, nor shall they permit its use by any unauthorized person. Non-City employees are prohibited from riding in City vehicles when employee is outside the course of his/her employment. In accordance with the City's Tobacco-Free Workplace policy, the use of tobacco products (including cigarettes, cigars, pipes, smokeless tobacco, or other tobacco products) is prohibited at all times in all City vehicles.

#### **2.11 Safe Workplace Environment**

Public and employee safety is of paramount importance to the City. The City shall develop, implement and administer a comprehensive workplace safety program. The program will include a written safety policy and safety rules, provisions for safety inspections, preventative maintenance, safety training, first-aid, accident investigation, and necessary recordkeeping. Employees at all levels of the work force shall make safety a matter of continuing concern, equal in importance with all other operational considerations. Components of the workplace safety program also include Drug-Free Workplace, Tobacco-Free Workplace, Violence-Free Workplace, and Non-Discrimination and Harassment-Free Workplace. All employees shall acknowledge receipt of the workplace safety program and a signed copy of the acknowledgement will be placed in their personnel file.