



## DRIVER FORM

2020

To Management Team, ElderCare 4 Families:

I hereby certify the following statement to be true statements within the last 36 months. These are statements that are required by ElderCare 4 Families' non-owned automobile policy for employees who drive during shifts. I also certify that I will contact ElderCare should any of the items below no longer be true:

1. I do not have a driving while intoxicated (DWI) or a driving under the influence (DUI) conviction on my record in the past 36 months (3 years).
2. I do not have a reckless driving conviction in the past 36 months (3 years).
3. I do not have a speeding conviction of more than 25 miles per hour over the speed limit in the last 36 months (3 years).
4. I am not driving under a suspended/revoked driver's license. I have not had a suspended/revoked license in the last 36 months (3 years).
5. I do not have a conviction for leaving the scene of an accident in the last 36 months (3 years).
6. I do not have a conviction for negligent homicide, manslaughter or assault arising out of the operation of a motor vehicle in the last 36 months (3 years).
7. I do not have a felony conviction for aggravated assault involving a motor vehicle in the last 36 months (3 years).
8. I do not have a conviction for using a motor vehicle for the commission of a felony in the last 36 months (3 years).
9. I do not have more than two (2) accidents in the past 36 months (3 years).
10. I do not have convictions for three (3) or more moving violations of any sort in the last 36 months (3 years).
11. I have a valid driver's license.
12. I have current, ongoing automobile insurance coverage.
13. I have a current automobile registration.
14. I have a current driver's license.

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Employee Name (Printed)

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Employee Signature

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Date Signed