

APPENDIX A
EMPLOYEE ACKNOWLEDGMENT OF
PERSONAL AUTOMOBILE LIABILITY INSURANCE

I, _____, hereby acknowledge that I may need to use my personal automobile for the purposes of conducting duties within the scope of my employment at Marathon County.

I understand that I shall maintain a personal automobile liability insurance policy that meets the State of Wisconsin's minimum financial liability limits of:

Bodily Injury:	\$ 25,000 per person/\$50,000 per accident
Property Damage:	\$ 10,000 per accident (or a Combined Single Limit of \$50,000)
Uninsured Motorist:	\$25,000 per person/\$50,000 per accident (or a Combined Single Limit of \$50,000)

and will be provided mileage allowance based on the current County or union contract rate when traveling by personal automobile on official County business.

I understand that I may qualify for a higher level of mileage reimbursement equal to the IRS business mileage rate if I maintain higher personal automobile liability with limits of at least:

Bodily Injury:	\$100,000 per person/\$300,000 per accident
Property Damage:	\$100,000 per accident (or Combined Single Limit of \$300,000)
Medical Payments	\$5,000
Uninsured Motorist:	\$100,000 per person/\$300,000 per accident (or a Combined Single Limit of \$300,000)
Underinsured Motorist:	\$100,000 per person/\$300,000 per accident (or a Combined Single Limit of \$300,000)

I further understand that I will provide my department a copy of my active auto insurance policy or certificate of insurance annually to receive mileage allowance. I will notify my department head if my automobile liability insurance terminates or if my limits of liability decrease mid year.

With department head approval, I understand that I have the option of renting a vehicle from the State of Wisconsin's contracted rental agencies for purposes of conducting county business and will agree with the conditions set within the contract. I will be reimbursed for out of pocket expenses related to the lease of the vehicle.

I further understand that my personal auto liability insurance, according to state law, will constitute primary liability coverage for any bodily injury or property damage to another party or passenger within my vehicle while my vehicle is used on official county business. I agree to report all accidents involved on county work time to my personal auto insurer and Marathon County Division of Risk Management.

Dated and signed this _____ **day of** _____, **201**_____.

Signature of Employee: _____

For Vehicle Rental Use Only (to be completed by Department Head or Supervisor)

_____ I have approved use of a rental vehicle for the following dates: _____

Department Head or Supervisor Signature: _____ Date: _____

Maintain a copy of this form with copies of insurance verification.

Questions on insurance limits should be addressed to Risk Management