

LC Signatures
must be complete
before taking this
agreement to the
dealer.



COURTESY VEHICLE AGREEMENT FOR BUSINESS AND PERSONAL USE

_____ (*Name of coach*) enters into this Courtesy Vehicle Agreement with
_____ (*Name of dealership*) for the purpose of supporting the Lewis-Clark State
College (*LC State*) athletic program. The agreement is subject to the following terms and conditions:

OBLIGATIONS OF EMPLOYEE

1. Sign the [LC State Vehicle Use Agreement](#) form at the LC State Public Safety office.
2. Pay all insurance, registration and licensing fees.
3. Pay for an LC State parking pass.
4. An LC State employee making non-reimbursable use of a courtesy vehicle will be required, pursuant to IRS regulations, to maintain a log of all personal miles associated with the use of the vehicle. This information will be communicated to the applicable department head and reported to Payroll no less frequently than once per calendar quarter during any quarter for which the employee was responsible for the vehicle.
5. The benefit (personal use) associated with operation of a courtesy vehicle provided by an automobile dealership to an employee is subject to inclusion in the employee's taxable income.
6. Any use not specifically related to institutional purposes will constitute personal use. This includes but is not limited to commuting between home and the institution as well as personal side trips taken while conducting institutional business.
7. Employee shall procure and maintain, at his or her own expense, Vehicle Liability Insurance for the vehicle. The minimum coverage limits for such vehicle liability insurance shall be \$150,000 each person and \$500,000 each occurrence and \$150,000 for property damage. The vehicle liability insurance policy shall be endorsed to name Lewis-Clark State College and as additional insured.
8. Employee shall procure and maintain, at his or her own expense, Comprehensive and Collision Insurance for the Vehicle. Employee shall be responsible for the payment of any deductible for all such insurance claims. The dealership shall be named as Loss Payee on the Comprehensive and Collision Insurance coverage.
9. Such insurance policy covering requirements of employee shall contain a clause that insurance afforded under the policy will not be reduced or cancelled without thirty (30) days prior written notice, sent to the college and the dealer.
10. Employee shall provide the athletic director, vice president for Finance and Administration and the risk manager at the college with certificates of insurance signed by a licensed representative of the insurance company for the above required insurance.
11. Pay for proper maintenance of vehicle, including lube-oil-filter; service every 3,000 miles, preferably at dealer's service department.
12. Pay for all repairs not covered by manufacturer's warranty.
13. Pay for any traffic or parking violations.
14. Refrain from use of spare tire except in an emergency.
15. Notify dealer when between 5,000 and 6,000 miles have been driven.
16. Return vehicle in good, resalable condition.
17. Return and/or exchange vehicle at _____ or _____ months.
18. Other restrictions imposed by dealer: _____

OBLIGATIONS OF DIRECTOR

1. The athletics' director will verify the Courtesy Vehicle Agreement are properly completed prior to LC State staff driving the courtesy vehicle. The athletics' director will document such verification on a quarterly courtesy vehicle monitoring checklist.



- The athletics' director will review and certify the personal miles reported quarterly for reasonableness prior to submission to Human Resources. The certified data will be forwarded to Payroll by the director on a quarterly basis (January, April, July, and October) via email. The director will document the submission in a quarterly checklist.

COURTESY VEHICLE IDENTIFICATION

Make: _____ Registered in the name of: _____
Model: _____ Payments (if any): _____
Year: _____ Approximate Value: _____
VIN#: _____ Current Odometer: _____

AGREEMENT ACCEPTED BY

By signing below, you are confirming you have read and agreed to this agreement and Policy 4.106.

Recipient Signature: _____
Print Name/Title: _____
Athletic Director Signature: _____
V.P. for Finance & Admin.: _____

INSURANCE COVERAGE REVIEW

Insurance coverage from employee attached herein was reviewed by the athletic director, the vice president for Finance and Administration, and the risk manager and was found in compliance with Policy 4.106 Courtesy Vehicles as evidenced by the signatures below:

Athletic Director: _____
V.P. for Finance & Admin.: _____
Risk Manager: _____

DEALER SIGNATURE

Dealer Signature: _____
Print Name/Title: _____

**Send a copy of completed form to
VPFinanceAdmin@lsc.edu**