

**Oakville Children's Home and Moving Forward Day Program  
STATEMENT OF INSURANCE COVERAGE**

I understand that from time to time it may be necessary for me to drive my personal vehicle on Oakville Children's Home and Moving Forward Day Program business. This may include carrying clients from both programs in your vehicle.

I understand that when using my personal vehicle for approved business travel I will be reimbursed at a rate of \$0.33 per kilometer to cover my expenses in operating my vehicle, including the cost of gas, oil, tires, maintenance and the cost of insurance.

By signing this form, I certify that I carry at least \$2,000,000 of liability protection and uninsured motorist coverage. The purchase of "comprehensive" and collision insurance is at my discretion.

You will be reimbursed for the cost, if any, of upgrading your insurance policy to ensure liability coverage of \$2,000,000. To be reimbursed for the difference in premiums, you are required to submit official receipts, on a quarterly basis, from your insurance carrier showing the incremental cost involved in obtaining \$2,000,000 liability coverage.

I understand that in the event of an accident while on company business I will need to file a claim with my own insurance provider.

By signing this form, I hereby certify that:

- a) I will obtain the minimum automobile insurance coverage specified above;
- b) I will furnish proof of insurance coverage within two weeks of the date shown below; and
- c) I am solely responsible for any claims arising from the use of my personal vehicle for Oakville Children's Home or Moving Forward Day Program business

<b>Oakville Children's Home/Moving Forward Day Program representative</b>	<b>Date Issued</b>
<b>Employee Name (Print &amp; Sign)</b>	<b>Date Signed</b>

A signed copy of this letter will be kept on your personnel file.