PERSONAL AUTOMOBILE LIABILITY INSURANCE

Form 160A

Deloitte U.S. Firms:

I have read Administrative Policy Release 160 Personal Automobile Liability Insurance-Employees and understand the requirements as stated in that release and my obligation to follow such requirements. Accordingly, I acknowledge, among other things, the following:

- I am expressly forbidden to drive any vehicle on Deloitte U.S. Firms' business unless I am covered by an adequate amount of personal automobile liability insurance and hold a valid driver's license.
- The Deloitte U.S. Firms do not provide liability insurance covering any vehicle owned, long-term leased, or borrowed by me or any short-term rentals for personal use.
- I am required to maintain personal automobile insurance coverage in amounts of at least \$100,000 combined single limit coverage or \$50,000/\$100,000 bodily injury and \$25,000 property damage liability on any private automobile owned, long-term leased, or borrowed by me if I use that private automobile for Deloitte U.S. Firms' business.
- The Deloitte U.S. Firms encourage me to obtain personal liability coverage of at least \$300,000 combined single limit or \$100,000/\$300,000 bodily injury and \$50,000 property damage liability if I drive in connection with Deloitte U.S. Firms' business, even if I do not own or long-term lease automobiles personally.
- I am prohibited from renting a car for business purposes outside the Deloitte U.S. Firms' negotiated contracts if that rental agreement does not include the firm-required minimum liability limits and loss damage waiver (LDW) coverage.
- I cannot operate any vehicle on Deloitte U.S. Firms' business unless I have completed this form and filed it with my office of residence.
- I agree to notify the Deloitte U.S. Firms within 30 days, if my coverage falls below the minimum required amounts.

I (choose the one that applies) \checkmark carry $_$ do not carry the required amount of personal automobile liability insurance. The amount of personal automobile liability insurance I carry is as follows:

Combined Single Limit Coverage s 100,000

Bodily Injury s 100,000

Property Damage s 50,000

(Print Employee Name)

(Employee Signature)

(Date)