



Series: Accounts Payable COA: FIN 7.03, 7.09
CFOP: --
Procedure Name: Vehicle Insurance Allowance
Procedure Number: AP-446
Revision #/Date:
Effective Date: 10/1/08
Applicable to: All CBCB Employees

SUBJECT: POV Insurance Allowance

PURPOSE: To set minimum eligibility guidelines for the vehicle insurance allowance program for CBCB employees who regularly operate a privately owned vehicle while conducting agency business in accordance with the 2007-08 General Appropriations Act.

PROCEDURE:

Definition

- A. Privately Owned Vehicle (POV): A vehicle not owned by CBCB but driven by a CBCB employee to conduct agency business.
- B. Eligible Employee: A CBCB employee who has been authorized by the agency to use a privately owned vehicle to conduct agency business.

Criteria for Eligibility

In order to be eligible to receive the Vehicle Insurance Allowance, an employee must meet the following criteria:

- A. The duties of the position require that the employee use their personal/private vehicle full-time (daily) to conduct field investigations, field visitations, and/or transportation of clients and their family.
- B. The employee must be employed in an eligible position for no less than six (6) consecutive months in a fiscal year beginning in July 1st of the current year and ending on December 31st of the current year.
- C. The employee's driver's license, insurance and vehicle registration were valid during the entire time period.
- D. The employee's POV used in the performance of the duties of the position is appropriately insured and the employee shall have accurately described to their insurance carrier how they use their personal vehicle, as required by state law.
- E. The employee's POV coverage must be insured for no less than the following:

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1. Bodily Injury - \$100,000 per person, \$300,000 per occurrence.
 2. Property Damage - \$300,000 per occurrence.
 3. Owners of POVs should ensure that they maintain adequate liability and physical damage insurance.
- F. The employee must abide by all the stipulations in CBC Procedure RM-503 regarding the operation of a POV while conducting agency business.

Allowance Details

- A. The Vehicle Insurance Allowance will be paid annually every February.
- B. The Vehicle Insurance Allowance will not exceed \$250.00 per year per person.
- C. The eligible employee will be paid a pro-rated amount based on the amount of time s/he was eligible to receive the allowance as long as s/he meets the criteria noted above.
- D. An eligible employee who terminates prior to completing the six (6) month requirement minimum is not entitled to receive the Vehicle Insurance Allowance.

Payment Processing

- A. The employee must complete the Employee Certification for Vehicle Insurance Allowance Form (attached) and submit it to his/her supervisor by no later than the second Monday in January.
- B. The Employee Certification for Vehicle Insurance must be accompanied by a copy of all of the following documents:
 1. Valid Florida Driver's License
 2. Current Insurance Policy
 3. Current Insurance Card
 4. Valid Vehicle Registration Card
- C. The employee's supervisor must verify that the employee is eligible to receive the Vehicle Insurance Allowance in accordance with criteria section noted above.
- D. Upon verification of the employee's eligibility, the supervisor will complete a check request form including all back up data and submit it to Accounts Payable no later than the fourth Monday of January for payment.

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:



DR. PATRICIA NELLIUS-GUTHRIE
Chief Executive Officer
CBC of Brevard, Inc.

APPROVAL DATE: 10/21/08



COMMUNITY BASED CARE OF BREVARD, INC.
CERTIFICATION FOR VEHICLE INSURANCE

PART 1: Employee Certification

The 2007-08 General Appropriations Act provides for a vehicle insurance allowance for child protective investigators and family services counselors in budget entity 60910304, and for adult protective investigators and adult services counselors (Human Services Counselors) in budget entity 60910302, who are required to use their personal vehicle full time to provide direct client services.

I, _____ do hereby certify that I am in a position eligible to receive the Vehicle Insurance Allowance provided by the **2007-08 General Appropriations Act** and that:

- As required by the duties of my position I have used my personal/private vehicle full time (daily) to conduct field investigations, field visitation, and/or transportation of clients and their family.
- My drivers license was valid during the above time period, and
- My personal vehicle used in the performance of the duties of my position is appropriately insured and I have accurately described to my insurance carrier how I use my personal vehicle, as required by state law.

I declared that I have read the foregoing document and that the above certification is true.

Employee's Signature

Date

Part 2: Supervisor Verification

The above employee is in a position required to use her/his personal/private vehicle full time (daily) to conduct field investigations, field visitations, and/or transportation of clients and their family, and used their personal vehicle beginning _____ through _____.

I verify that the above employee is/was in a position eligible to receive the Vehicle Insurance Allowance during the period indicated above.

Supervisor's Signature

Date