



CITY OF MIAMI BEACH REQUEST FOR VEHICLE INSURANCE APPROVAL

Employee Name: _____ Date: _____

Insured Name: _____ Policy No. _____

Vehicle Year/Make: _____ Effective Dates: _____

The City’s Travel Policy requires that employees who drive their private vehicles on City business maintain insurance as required by State Law. The Policy also specifies that adequate proof of such insurance coverage must be submitted to and approved by the City Risk Manager prior to the use of such private vehicles on City business.

Further, no reimbursements will be authorized for the use of private vehicles on City business without the written approval of the City Risk Manager, as evidenced by an approved Request for Vehicle Insurance Approval Form.

For employees who use their own vehicles on City business and are requesting reimbursement, the approved Request for Vehicle Insurance Approval Form must be attached to the Travel Request Form or Mileage Reimbursement Form in order for the employee to receive reimbursement.

Employee/Driver Signature: _____

I have read, understand, and agree to comply with this Policy

TO BE COMPLETED BY THE CITY RISK MANAGER:

Valid Proof of Insurance Attached

Approved: _____
Risk Manager

Denied: _____
Risk Manager

Date: _____

Date: _____

Reason for Denial: _____

Note: Employee must submit proof of renewal upon expiration.

We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.