

SAN JUAN COLLEGE BUSINESS SERVICES PROCEDURES

TOPIC: INSURANCE COVERAGE Related to Board Policy: 801A

General

The Insurance Coordinator is responsible for coordinating insurance activities on behalf of the College with the exception of employee related insurance. (See Employee Benefits Coordinator in Personnel Department).

The College provides general liability, auto liability, property coverage, civil rights, medical malpractice, law enforcement officers liability, fine arts, boiler, employee dishonest bond and money and securities coverage, ropes course and child development center liability insurance.

For assistance and/or additional information on College related insurance matters, contact the Insurance Coordinator at ext. 3454.

General Liability and Wrongful Acts Coverage

General Liability Insurance protects San Juan College and its employees for negligent acts which may result in a loss to the public arising out of operations, personal injury and civil rights exposure. This includes students enrolled in Allied Health Programs, but only while participating in activities which are part of and a requirement of the student's curriculum as a student of San Juan College. A certificate of coverage for each Allied Health participant will be issued by Program Directors. Certificates can be obtained from the Insurance Coordinator.

Auto Insurance Coverage

1. As an employee of San Juan College, you are only covered if you have completed ALL of the following:
 - a. Submitted a copy of your drivers license to the San Juan College Insurance Coordinator;
 - b. Signed a form authorizing the College insurance agent to obtain a copy of your driving record (See Exhibit 1, obtained from Insurance Coordinator); AND
 - c. Completed the State's defensive driving class, been issued a Certificate of Completion, and submitted the Certificate to the Insurance Coordinator. This certification must be kept current and renewed every five years.
2. The coverage extends to an employee only when on official business.
3. If you are the driver of an APPROVED group travel trip, you must:
 - a. Provide Insurance Coordinator with date of trip and number of riders (names of riders are not initially needed) at least two weeks before departure.
4. The policy protects the College's interest and not an employee's interest.
5. The policy DOES NOT OPERATE like your own personal vehicle policy.

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6. Minimum features include:

- a. Auto Liability covers damage to the other person(s) as a result of Bodily Injury or Property Damage from an at-fault auto accident.
- b. Auto Physical Damage - covers certain College owned vehicles for physical damage with a \$250 deductible for comprehensive and \$500 deductible for collision per occurrence.
- c. Non-Owned Auto - covers the College when employees drive their own autos for College Business. The employee's individual insurance will be considered primary coverage and the College provided insurance will be considered secondary coverage. If an employee rents a vehicle, the rental agreement should be read thoroughly. All rental agency insurance should be declined. The College may be subject to immediate payment for any damages incurred regardless of fault and the employee may not be allowed to leave the rental car until full payment for damages is made.

Property Coverage

The Property Coverage policy is comprehensive in nature and specifically designed to cover College owned buildings, contents and miscellaneous items. A \$1,000 deductible applies for each occurrence. This policy does not cover an employee's personal property.

Employee Dishonesty Bond

The Employee Dishonesty Bond coverage protects the College from intentional and unintentional cash losses.

Money and Securities

Money and Securities insurance covers money on premises and off premises for theft, disappearance and destruction.

Exhibit 1



Schreiber Insurance Agency
Ms. Katie Harris
P.O. Box 10
Farmington, NM 87499

(505) 326-5825

REF: MVR Order Request

Requested by: _____
_____ Clara E. Archuleta, Risk Mgr.

Date:

Fax #: (505) 566-3521 Phone #: (505) 566-3454

Please order driving record for:

Name: _____ SS#: _____

DOB: _____ Drivers License #: _____ State: _____

Defensive Driving Certificate #: _____ Date: _____

Department: _____

At your employer's request, Schreiber Insurance will obtain your driving record from the State Motor Vehicle Department. By signing this form, you agree that Schreiber Insurance may furnish any information they obtain to your employer or to an insurance company for underwriting purposes.

Agreed (employee) _____ Date: _____

801A. Exhibit 1