



# Memo

**Date:** June 21, 2011

**To:** Pastors, Business Managers, School Administrators and Priests with personal vehicles covered on the Archdiocese of Atlanta's Commercial Fleet Policy

**From:** Michael Warren, Controller - Archdiocese of Atlanta

**Re:** Automobile Policy and Procedure – Effective July 1, 2011 to June 30, 2012

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FLEET AUTOMOBILE POLICY INFORMATION
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**FLEET POLICY RENEWAL:** Vordermeier Insurance Agency, Inc. has processed the renewal for our fleet auto policy with American Fire and Casualty, a unit of Liberty Mutual.

**ID CARDS:** Enclosed is an ID card for each vehicle on your location's list. This card must remain in the vehicle at all times. You may not give this card to anyone at any time. In the event of an accident, please call [Montgomery Insurance Company at 1-800-366-6446](tel:1-800-366-6446) to report your claim.

**DMV REGULATIONS:** State that the policy will no longer list the location name, priest's name, the description of the vehicle or VIN number on the auto ID cards. Rather, they must simply state "Georgia Commercial Fleet Policy", the name of the insurance company, the policy number, effective dates and the name of the insured (and the name of the insured is the Archdiocese of Atlanta.) For more information on this, please review the reverse side of you ID Card (Georgia Dept. of Revenue: Motor Vehicle Liability Insurance Policies).

**PAYMENTS:** Please make checks payable to the Archdiocese of Atlanta with your account number on the check. All balances must be paid by October 1, 2011 unless a payment plan is set up with Jeffery Dean in the Finance department. 404-920-7418 [jdean@archatl.com](mailto:jdean@archatl.com)

**VEHICLE CHANGES:** All vehicle changes should be reported to Jeffery Dean at 404-920-7418, fax 404-920-7401. A vehicle change form is included. The annual charge for each type of vehicle is listed on the Summary of Coverage

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page. You can estimate your actual charge by dividing that amount by 365 days and multiplying that daily rate by the number of calendar days from the effective date of the addition or deletion of the vehicle.

**DRIVER INFORMATION:** In the past we have had incomplete information provided by parishes to the Finance Office. We are required to have detailed information, including a copy of a driver's licenses for ALL drivers of any vehicle covered by the fleet insurance policy. We request that you send a scanned copy of EACH driver's license to [jdean@archatl.com](mailto:jdean@archatl.com).

**NEW VEHICLES:** If you are purchasing a new vehicle, all the dealership will need as proof of insurance is the Georgia Fleet auto ID card. A change form must be forwarded to Jeffery Dean with the information on the new vehicle. If you are trading an auto, please indicate this information also. Any difference of premium will be invoiced.

**RENTALS:** If you lease/rent a vehicle, you must notify Jeffery Dean at 404-920-7418 and a Certificate of Liability Insurance or "proof of insurance" form will be prepared for you. The certificate is provided so that the rental insurance option will not need to be taken.

The insurance company requires that we receive either copies of the driver's license, or driver information, (Name, DOB, and a copy of the driver license, number, expiration date), how many individuals are going, how many miles to be traveled round trip, name of the event, who the vehicle is being leased/rented from, when it will be picked up and returned. The request must be received at least 5 days in advance so that we have enough time to get this prepared for you. Please fax to 404-920-7401 or e-mail [jdean@archatl.com](mailto:jdean@archatl.com) with the information.

Reminder that the insurance company does NOT allow the rental of passenger vans which seat 10 – 15 passengers.

**PROOF OF INSURANCE:** Requests for proof of insurance from your lien holder should be sent to Jeffery Dean for processing along with all the accompanying documents such as title, registration, bill of sale, etc. including your phone number. Any contract which requires proof of automobile insurance should be faxed to Jeffery Dean at 404-920-7401.

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VOLUNTEER DRIVERS – Unrelated to the Auto Fleet Policy are issues related to volunteer drivers who may from time to time volunteer to drive their personally owned vehicles in order to assist parishes or schools. The Fleet Policy does NOT cover such drivers, and Catholic Mutual has requested that we strengthen the scrutiny of ALL volunteer drivers. Information about Volunteer drivers and their vehicles should be maintained by the parish or school. This includes the requirement that their personal auto insurance (which would be primary in the event of an accident) is sufficient to cover any accident damage, and that the vehicle is inspected to determine whether it appears to be safe and serviceable. Again, these volunteer drivers are NOT covered by the Auto Fleet Policy, but questions often arise as to how they are insured – they are insured by their owners insurance only.

DRIVER'S LICENSE DOCUMENTATION - Please send a recap of ALL drivers of any vehicles covered by this Fleet Auto Policy. We need scanned or faxed copies of each driver's state license (preferably scanned as we are digitalizing all our insurance records). If you do not have access to a scanner please photo copy the licenses, complete the DRIVER INFORMATION page which follows and forward them to Jeffery Dean at [jdean@archatl.com](mailto:jdean@archatl.com) or Fax to 404-920-7401.

The Finance Department is requesting this information as a coverage requirement by our insurance carrier.

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## **Automobile Summary of Coverage** **July 1, 2011 to June 30, 2012**

This summary has been prepared to furnish you with a quick reference to the coverage and to provide you with instructions on how to file a claim and renew your tags.

### **Policy Information**

This "Commercial Georgia Fleet" policy is written in the name of the Archdiocese of Atlanta. Each parish, school or priest personal auto has its own client number and billing address, but these are NOT individual policies.

Montgomery Mutual Insurance  
Company 1-800-561-0178  
To file a claim  
1-800-366-6446

Limit of Liability: \$1,000,000 CSL  
Medical Payments: \$5,000  
Uninsured Motorists: \$75,000

Policy No: BAA54338469

Deductibles  
\$500 – comprehensive  
\$500 – collision

Physical Damage: Adjusted as ACV or cost  
of repair, whichever is less.

Coverage is provided for hired vehicles,  
with physical damage coverage with deductibles  
of \$500/\$500 and coverage for non-owned liability.

The annual charge per vehicle is:

**Automobile - \$1,000 SUV/Pickup - \$1,500**

**Bus/Van - \$1,300 Trailer - \$175**

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**Auto Request/Change Form**

Send To: Jeffery Dean    Email: [jdean@archatl.com](mailto:jdean@archatl.com)    Fax: 404-920-7401

From: \_\_\_\_\_

Account Number \_\_\_\_\_

Name/Parish: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ **Add**                      **Effective Date** \_\_\_\_\_

Year      Make/Model      VIN                      Cost      New Auto/Truck/SUV

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\_\_\_\_\_ **Delete**                      **Effective Date** \_\_\_\_\_

Year      Make/Model      VIN                      Cost      New Auto/Truck/SUV

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**Driver Information**

Send To: Jeffery Dean Email: [jdean@archatl.com](mailto:jdean@archatl.com) Fax: 404-920-7401

We need complete information on ALL drivers of the insured vehicles:

Name as it appears on drivers' license: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Finance Office Use Only:

Agent Notified \_\_\_\_\_ Invoiced/Credited \_\_\_\_\_

Data Base Updated \_\_\_\_\_ Change Acknowledged \_\_\_\_\_

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