If you are involved in an automobile accident, please follow the guidelines below:

1. Report any accident immediately to your supervisor.
2. Have the accident investigated by law enforcement.
3. Get the names, addresses, and telephone numbers of any witnesses to the accident.
4. Contact FAU Risk Management to report the accident at 561-297-2763.
5. Don’t promise to pay anything.
6. At the scene of the accident, do not discuss details of the accident with anyone except the investigating law enforcement officer.
7. Obtain a copy of the accident report, if available, and forward it to FAU Risk Management.
8. Complete the requested information in the attached “What to do in case of an automobile accident – Know Before You Go” pamphlet from the Florida Department of Financial Services and submit it to FAU’s Risk Management Department.
9. Obtain information about the other driver(s) from the investigating law enforcement officer.
10. Provide the officer with your Agency/University automobile liability policy number which is AL-0201. The Certificate of Insurance is included in this packet and can be provided to the reporting officer.

FAU Risk Management
777 Glades Road
Building 69 – Room 112
Boca Raton, Florida 33431
(561) 297-2763

Updated September 2019
If You Are Involved In An Automobile Accident

- Report any accident immediately to your supervisor in accordance with your agency's procedures.
- Have the accident investigated by law enforcement.
- Get the names, addresses, and telephone numbers of any witnesses to the accident.
- Contact Risk Management immediately at (850) 413-3122.
- Don't promise to pay anything.
- At the scene of the accident, do not discuss details of the accident with anyone except the investigating law enforcement officer.
- Obtain a copy of the accident report, if available, and forward it to the Division of Risk Management. Also, complete the information on the back of this brochure.
- Obtain information about the other driver(s) from the investigating law enforcement officer.
- Provide the officer your Agency/University automobile liability policy number as below:

Florida Atlantic University
YOUR AGENCY/UNIVERSITY NAME
AL-0201
AUTOMOBILE LIABILITY POLICY #

REPORT ACCIDENT TO:
DIVISION OF RISK MANAGEMENT
(850) 413-3122

Safety Tips

- Plan your trip before you leave.
- Know where you are going.
- Know the routes you plan to take.
- Know how long it will take to arrive.
- Allow sufficient time — avoid having to rush.
- Check the vehicle's tires, brakes, headlights, horn, windshield wipers, and rear-view mirrors before you leave.

Seat Belts Do Save Lives So Buckle Up—It's The Law!
Management Services Rule 60B-1.012 requires mandatory use of seat belts: "Failure to utilize seat belts or occupant restraint system shall be considered improper use of a vehicle and shall subject employees to disciplinary action."

Place All Work Materials In The Trunk!
...such as books, papers, reports, audiovisual equipment and newspapers. Automobile seats were designed for people.

Know And Obey All Traffic Laws!
Speed limits, traffic signs and signals were designed with your safety in mind.

If You Get Tired Or Sleepy, Stop and Rest!

Texting and Dialing a Cell Phone Kills!
Avoid taking your eyes off the road for any reason.

Look Before You Back Up!
Accidents while backing up are the major cause of accidents involving State of Florida vehicles.

Turn On Your Headlights!
At sundown and during bad weather, such as rain or fog.

Know Your Vehicle
Return Alive!
In The Event Of An Accident
Complete The Information Below

Date of Accident:__________________________
Location of Accident:_______________________

Occupants of Vehicles or Pedestrians Involved:

1. Name: ____________________________
   Telephone #: _______________________
   Address: ____________________________
   City & State: ______________ Zip Code: __________________
   In Your Vehicle ( ) Other Vehicle ( ) Pedestrian ( )
   Was this person injured? Yes ( ) No ( )

2. Name: ____________________________
   Telephone #: _______________________
   Address: ____________________________
   City & State: ______________ Zip Code: __________________
   In Your Vehicle ( ) Other Vehicle ( ) Pedestrian ( )
   Was this person injured? Yes ( ) No ( )

Witnesses at Scene of Accident:

1. Name: ____________________________
   Telephone #: _______________________
   Address: ____________________________
   City & State: ______________ Zip Code: __________________

2. Name: ____________________________
   Telephone #: _______________________
   Address: ____________________________
   City & State: ______________ Zip Code: __________________

Name and Department Location of Law Enforcement Officer Investigating this Accident:

________________________________________________________________________________

Other Driver's Insurance Information:

Automobile Insurance Carrier Name: ____________________________
Policy Number: ____________________________
Telephone Number: ____________________________

If You Are Injured In An Automobile Accident

IMMEDIATELY report all work-related injuries or illnesses by calling AmeriSys toll free at 1-800-455-2079. AmeriSys is available 24 hours each day to triage and coordinate medical care. It is best if both the employee and the supervisor/workers' compensation coordinator participate in the call. However, if both are not available, at least one party must call AmeriSys immediately.

Emergency Responder Procedures For The Injured Employee(s)

In an emergency, follow 911 procedures. After the employee is in the care of emergency services, IMMEDIATELY report the incident to AmeriSys toll free at 1-800-455-2079. The AmeriSys staff will contact the emergency room or hospital to coordinate care for the employee.

Complete the form on the back of this brochure and forward to:

Department of Financial Services
Division of Risk Management
Bureau of State Liability & Property Claims
200 East Gaines Street
Tallahassee, FL 32399-0338
Phone: (850) 413-3122
Fax: (850) 413-2730
STATE RISK MANAGEMENT
TRUST FUND

Policy Number: AL-0201

Fleet Automobile Liability Certificate of Coverage

Name Insured: Florida Atlantic University

Automobile Liability Coverage provided pursuant to Chapter 284, Part II, Section 768.28, Florida Statutes, the Florida Vehicle No-Fault Law, and any rules promulgated thereunder.

Coverage Limits:

General Liability: $200,000.00 each person

$300,000.00 each occurrence

Personal Injury: $10,000.00 each person

$10,000.00 each occurrence

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