

Warning: This card is not to be used for the registration of a privately-owned vehicle. Any person using this card for such a purpose may be subject to criminal prosecution.



State of Georgia Government Vehicle Georgia Liability Insurance Identification Card

Insurer: State of Georgia DOAS/RMS Self Insurance Program
Policy Numbers: TCP – 401 – 14 – 24 / CGL – 401 – 14 – 24
Coverage: July 1, 2023 – June 30, 2024
Insured: State of Georgia Government or State employees while operating a vehicle within the scope and course of employment.

Card Issued by DOAS Risk Management Services – Fleet

KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION

Report accidents within 24 hours

If you are in an accident, be sure to get the following information before leaving the area:

- 1) Date, Time, Place;
- 2) Your Vehicle – year, make, model, tag;
- 3) Describe Accident. Include:
 - Direction each vehicle was traveling, weather conditions
 - Details of accident.
- 4) For all individuals include: name, address, employer, home and work phone numbers. Describe injuries claimed and observed; ID hospital, if applicable;
 - Insured (State Employee) driver
 - Your passengers
 - Other driver
 - His/ her passengers
 - Witnesses
- 5) Other vehicle(s): year, make, model, tag, insurance co. and policy #
- 6) Police: agency, officer, citations issued (?), to whom?

WHAT TO DO IN CASE OF AN ACCIDENT

1. Notify Public Safety or Police Officials from the scene of the accident. Make sure you get a report number and other pertinent information. If you find damage to the vehicle and there was not an accident, you must still call Public Safety and file a police report for the damages.
2. Contact KSU Risk Management to notify of accident IMMEDIATELY -
 - Incident Reporting: <https://ehs.kennesaw.edu/incidentreporting>
 - Telephone: (470) 578-2599
 - Email: riskmanagement@kennesaw.edu
 - *Please, do not call DOAS directly*, KSU Risk Management will notify DOAS.
3. Fill out appropriate forms available at risk.kennesaw.edu/resources:
 - Driver Notification Form
 - Supervisor's Accident Follow up Checklist
 - Liability Incident Report Form
 - SR-13 Personal Report of Accident
4. Completed forms should be returned to KSU Risk Management **within 24 hours**. Email riskmanagement@kennesaw.edu or fax (470) 578-9325

Kennesaw State University
Insurance & Risk Management
Telephone: (470) 578-2599
Digital Fax: (470) 578-9325
Email: riskmanagement@kennesaw.edu