GRAND VALLEY STATE UNIVERSITY
RISK MANAGEMENT

Interim Guidance – Students & Transportation

Contents

Introduction

Thank you for your patience as the University works to create cross-divisionally supported, centralized, Experiential Learning Risk Reduction portal with associated tools. In this interim period, please accept this information as general Risk Management guidance and recommendations on the topic of Transportation involving students. Please pull out the most notable or helpful information for your situation.

Personal Vehicles:

Currently, the University doesn't disallow students, faculty, or staff from choosing to utilize personal vehicles for university related activities. The important thing to note, however, is that **GVSU's Auto insurance will not respond to either the physical damage or liability expenses of any of the parties impacted in the event of an accident, even if the activity was supported by the university**.

Therefore:

a. The use of personal vehicles should be an individual decision, and GVSU should not schedule, influence, or in any way organize those vehicles, drivers, or passengers.
b. If a class regularly meets off-campus and transportation isn't provided: advance notice of the transportation requirement should be included in that class's registration description and

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August 2026 (or earlier if necessary): request review & update from Risk Management

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syllabus (ex: sailing class meeting at a marina)

c. For field trips, Org trips, or other experiential travel, if a student is unable to participate because they don't have access to transportation: the activity should a) be optional, or b) have an alternative non-travel option available, or c) include a GVSU transportation option
d. Because we're not organizing, requiring, or otherwise facilitating the use of students' personal vehicles, drivers of personal autos are not subject to our Student Driver Authorization Process

Vehicles Owned, Leased, or Rented by GVSU:

To the extent possible, Risk Management recommends using vehicles owned, leased, or rented by GVSU for group Programming. Using our vehicles, transfers the statutory Insurance obligations away from the student, faculty, or staff's personal vehicle and onto the university.

To the extent possible, Risk Management also recommends that the GVSU vehicle be driven by faculty or staff. However, GVSU does permit some students to drive GVSU owned, leased, or rented vehicles - contingent on satisfactorily completing a mandatory Student Driver Authorization Process.

Student Driver Authorization Process

All students who are granted permission to drive a *GVSU vehicle* for any reason (with or without passengers) must complete the Student Driver Authorization Process before they drive. Although the final step of the process funnels into a Motor Vehicle Records review conducted by Public Safety, there are three different process portals.

- Curricular or Student Employment
- RSOs
- Club Sports

Please use the process portal that best fits with the experience that you're coordinating.

Check In/Out Photos

Any time someone is using a GVSU owned vehicle or renting on through GVSU; photos of the interior &

exterior of the vehicle should be taken and stored prior to taking possession. If any damage is detected, the driver of the vehicle is responsible for notifying the department that owns the vehicle, or GVSU Facilities, or the rental agency prior to accepting the vehicle and driving away. Drivers are expected to do the same when the vehicle is returned. Take multiple photos of the vehicle and then hold those timestamped photos in their possession for at least 120 days.

Certificate of Insurance & Claim Reporting Form

Please see, attached

- GVSU's **Auto Insurance Certificate** for the period 07/01/2025 - 07/01/2026.
    - Anyone driving a vehicle owned, leased, or rented by GVSU should have a copy of this document either on their phone or a hard copy in the glove box.
    - The Certificate can be provided to rental car agencies as proof of insurance (only for rentals inside the United States), law enforcement officers, or other vehicle owners in the event of an accident
- GVSU Auto **Claim Form**
    - Within 24 hours of being in an accident or noting damage to a vehicle owned, leased or rented by GVSU the Auto Loss Reporting form should be completed in its entirety and emailed to taylorh1@gvsu.edu so that the appropriate claim files can be opened

Risk Management Comment on Vehicle Types

Although the university owns and utilizes 15 passenger vans, Risk Management requests additional consideration be put in before utilizing these large capacity vehicles. Currently, faculty, staff, and Authorized students, over the age of 21 are permitted to utilize these vehicle types. However, whenever possible, GVSU Risk Management recommends utilizing alternative options such as Minivans, SUVs, Crossovers, and sedans. In the aggregate, those vehicle types have better actuarial safety records than large passenger vans. Also, drivers (students or otherwise) will more likely have existing familiarity with driving those types of vehicles. Finally, and incredibly important: seatbelt usage is habitual and therefore more universal in these types of vehicles than in large passenger vans. Habit driven seatbelt usage rates significantly mitigate the negative outcomes associated specifically with ejection risks.

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Waivers of Liability and Acknowledgements of Risk

Currently, there isn't an institutionally required waiver or acknowledgment of risk for all off campus experiential activities. Please note that there is a task force looking at the viability and necessity of updating the forms that were previously used or creating new ones. If you'd like to incorporate a form into your experience there is a preliminarily approved version, attached. If you have an alternative form that you'd like reviewed, or the attached doesn't fit your needs please notify the Office of General Counsel with a cc to Risk Management.

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Appendix A – Certificate of Insurance

MARSH USA INC. EVIDENCE OF COVERAGE CONTRACTS

EVIDENCE NUMBER

THIS EVIDENCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE CONTRACTS BELOW. THIS DOES NOT CONSTITUTE A CONTRACT BETWEEN THE FACILITY, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE HOLDER. IMPORTANT: IF THE HOLDER IS AN ADDITIONAL INSURED, THE CONTRACT MUST BE ENDORSED. IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE CONTRACT, CERTAIN CONTRACTS MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS EVIDENCE DOES NOT CONFER RIGHTS TO THE BELOW HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

PRODUCER

MARSH USA INC.
ONE TOWNE SQUARE
SUITE 1100
SOUTHFIELD, MI 48076

INSURED

GRAND VALLEY STATE UNIVERSITY
ATTN: HEATHER TAYLOR
1 CAMPUS DRIVE, 4068 JHZ
ALLENDALE, MI 49401

FACILITY AFFORDING COVERAGE

COMPANY A	MI HIGHER EDUCATION GROUP SELF-INS & RISK MGT FACILITY
COMPANY	
COMPANY	
COMPANY	
COMPANY	

COVERAGES

THIS IS TO CERTIFY THAT THE CONTRACTS LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE CONTRACT PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE CONTRACTS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH CONTRACTS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	CONTRACT NUMBER	EFFECTIVE DATE	EXPIRATION DATE		LIMITS
A	**GENERAL LIABILITY** ☑				GENERAL AGGREGATE	
					PRODUCTS-COMP/OP AGG	
					PERSONAL & ADV INJURY	
					EACH OCCURRENCE	
					FIRE LEGAL	
					RETENTION	
A	**AUTO LIABILITY** ☐	AL712025	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT	$ 1,000,000
A	**OTHER** AUTO PHYSICAL DAMAGE OWNED, RENTED & LEASED VEHICLES	MPD712025	7/1/2025	7/1/2026	EACH OCCURRENCE	ACV
					DEDUCTIBLE	$ 5,000
A					EACH CLAIM	
					AGGREGATE	
					RETENTION	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

This document evidences coverage carried by Grand Valley state University (GVSU) during policy term July 1, 2025 - July 1, 2026.
If applicable, please refer to the controlling contract for reference to GVSU's obligations relating to specific coverage terms & conditions.

EVIDENCE HOLDER

Evidence of Coverage
Per contractual obligation, if applicable

CANCELLATION

NONE OF THE ABOVE DESCRIBED COVERAGE CONTRACTS CAN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF.

MARSH USA INC
BY: MAUREEN BIEHL Maureen M Biehl

VALID AS OF: **7/1/2014**

State of Michigan

Certificate Number 665

Department of Insurance and Financial Services
Lansing, Michigan

I, Kristin M. Hynes, Director – Office of Insurance Evaluation, certify that

Grand Valley State University
One Campus Drive, 4068 JHZ
Allendale, MI 49401

qualifies as a self-insurer for the purposes of Act 204, P.A. 2012.

This certificate covers all vehicles owned or registered by the named self-insurer, with a coverage effective of 07/01/2025 thru 07/01/2026

Kristin M. Hynes

Kristin M. Hynes, CFE
Director – Office of Insurance Evaluation

FIS 2270 (11/13)

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Appendix B – Auto Claim Reporting Form

August 2025: Created
August 2026 (or earlier if necessary): request review & update from Risk Management

Motor Vehicle Loss Report

Michigan Universities Self-Insurance Corporation

Instructions: Form must be completed in detail. All applicable information is required. Submit report immediately to GVSU Department of Risk Management

Member Institution [Grand Valley State University] | Loss Type Claim XIncident ☐RPO ☐ MPO ☐

Type of Occurrence [Select a Type]

Date [Select a Date] | Time of Occurrence [Enter time] am☐ pm☐

Location of Occurrence [Street or Highway Number and City]

Contact	Name:		Phone:	
University Vehicle 1	Driver's Name:		Office Phone:	
	Address:		[Choose one]	Dept:
	Vehicle License Plate No:	Driver's License No:		
	Vehicle VIN Number			
	Vehicle Year:	Make:	Model:	
	Extent of Damage:	Is Vehicle Drivable? Yes ☐ No ☐		
Other Vehicle Involved 2	Owner's Name:		Phone:	
	Address:		Extent of Damage:	
	Vehicle License Plate No:	State:	Driver's License No:	
	Vehicle Year:	Make:	Model:	Mileage:
	Company Insured With: Company Address:			
	Driver's Name:		Phone:	
	Driver's Address:	Driver's License No:	State:	

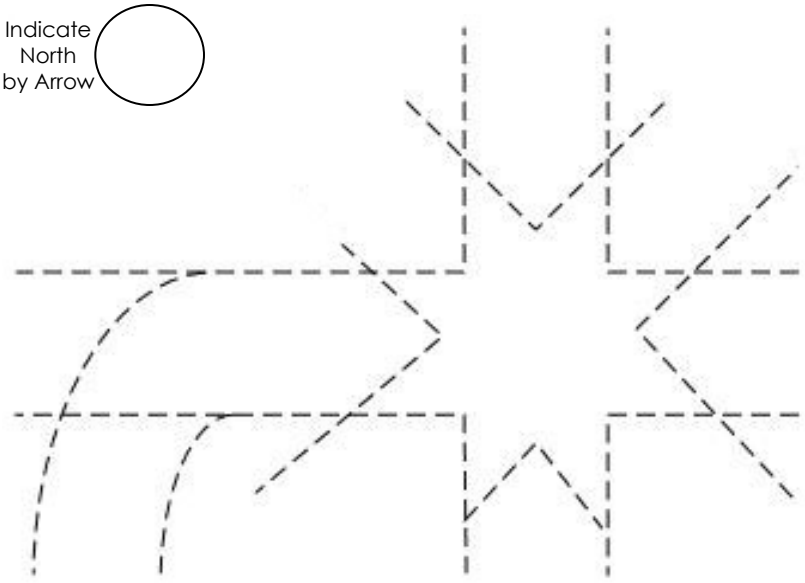
IF MORE THAN TWO CARS WERE INVOLVED IN THE ACCIDENT, USE ADDITIONAL FORMS

Persons Injured Note: All personal injuries must be reported to the claims adjuster immediately.	PERSONS INJURED IN UNIVERSITY VEHICLE	
	Name:	Address:
	Nature of Injuries:	
	Examining Dr:	Address:
	Hospital:	Address:
	Name:	Address:
	Nature of Injuries:	
	Examining Dr:	Address:
	Hospital:	Address:
	Name:	Address:
	Nature of Injuries:	

Persons Injured Cont. Note: All personal injuries must be reported to the claims adjuster immediately.	Examining Dr:	Address:
	Hospital:	Address:
	PERSONS INJURED IN OTHER VEHICLE	
	Name:	Address:
	Nature of Injuries:	
	Examining Dr:	Address:
	Hospital:	Address:
	Name:	Address:
	Nature of Injuries:	
	Examining Dr:	Address:
	Hospital:	Address:
	Name:	Address:
	Nature of Injuries:	
	Examining Dr:	Address:
	Hospital:	Address:
Property Damage Other than Vehicle	Description:	
Witnesses	Name:	Address:
	Name:	Address:
	Name:	Address:
	Name:	Address:
	Name:	Address:

INCIDENT DESCRIPTION
Type of Traffic Controls or Signal:
Posted Speed Limit: University Driver's Speed: Check Seatbelts Used: Driver ☐ Passenger(s) ☐
Check Conditions: Ice ☐ Snow ☐ Wet ☐ Dry ☐ Paved ☐ Gravel ☐ Fog ☐
Police Notified? Yes ☐ No ☐ Name of Police Agency:
Name of Officer: Badge No: Violation:
Traffic Ticket Issued To: M.U.S.I.C. Adjustment Service Notified? Yes ☐ No ☐

Indicate North by Arrow



Draw Diagram here if area above does not suffice

Indicate on this diagram what happened:

1. Draw heavy lines to show streets
2. Name streets
3. Draw arrow pointing North
4. Show vehicle and pedestrian as below:

University Vehicle = 1

Other Vehicle = 2

Pedestrians =

Direction of Movement =

5. Show angle of collision
6. Show number of traffic lanes

Give Detailed Description of Incident:

ADDENDUM TO FORM FOR MICHIGAN NO-FAULT INSURANCE BENEFITS

1. Claimant may have the right to personal protection insurance benefits, property protection insurance benefits, and/or residual liability benefits under Michigan No-Fault Law if in compliance with the regulations and restrictions therein.
2. [Select an Institution] will pay claims in a timely manner upon approval from the proper authorities.
3. Please contact the Secretary of State for the State of Michigan at 517 322 1875 regarding [Select an Institution]failure to fulfill its responsibilities under the Michigan No-Fault Law.

Signature of Driver:	Department:	Date of this Report: [Select a Date]

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Appendix C – Waiver & Release Form

ASSUMPTION OF RISK AND RELEASE FOR OFF CAMPUS ACTIVITIES

I, the undersigned, accept my participation in this program/activity and understand that I am accountable for all associated fees. I acknowledge that an official hold may be placed on my records until all financial responsibilities are fulfilled. I acknowledge that I am responsible for my personal conduct and that I can be dismissed from the program for violation of program rules.

Please read carefully and sign below. *Return to the appropriate GVSU faculty, staff, or program coordinator.*

1. PERSONAL CONDUCT. Grand Valley State University, through its official representatives, has the authority to establish rules of conduct necessary for this program during the entire period, including free time. The illegal use of drugs and/or alcohol during the entire period of the program, including free time is strictly prohibited. Should an official representative of GVSU decide that a participant must be dismissed from the program because of violation of any stated rules, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final. *Dismissal from the program will result in the loss of all academic credit. Persons dismissed will remain responsible for all program costs incurred on their behalf and any additional costs resulting from their dismissal and early departure.*

2. ORIENTATION. I understand that I am required to attend all orientations and pre-departure meetings. It is my responsibility to make arrangements to attend these meetings and that these meetings may occur at times outside of scheduled class times.

3. NO INSURANCE COVERAGE. I understand that the University will not provide me with health, accident, hospitalization or other insurance during my participation in this program and I will be solely responsible for all expenses that I incur in the event of an accident or injury.

4. MEDICAL TREATMENT. In the event of illness or injury to me to such an extent that I am unable to make decisions relative to my immediate medical condition, I authorize any official representative of GVSU to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.

5. RESPONSIBILITY DURING FREE TIME. I understand that during free time within the period of this program, I may elect to do things independently at my own risk and expense. I agree to inform an official representative of GVSU of my plans and understand that neither GVSU nor its official representatives are responsible for me while I am acting independently during such free time.

6. THEFT AND OTHER CRIMES. I agree to release GVSU and its official representatives from any liability for damage to or loss of my possessions, injury, illness, or death arising out of intentional acts of third parties during the period of the program .

7. TRANSPORTATION. I understand that I may be traveling during the program by various modes of transportation including but not limited to airplane, train, bus or van, and I release GVSU and its official representatives from any responsibility for loss of property, injury or death during such travel. I understand that if this program does not include transportation, I am responsible for my own transportation. I understand that GVSU will under no circumstances require me to provide transportation to others in a personal vehicle that I own or am primarily responsible for but neither will they preclude me from freely doing so at my own discretion and risk.

8. WITHDRAWAL. I understand that I will be held accountable for the entire cost of the program. In the event that I notify the instructor in writing of my intent to cancel my participation or withdraw for reasons beyond my control, I understand that I may forfeit any non-refundable deposits, and I will remain responsible for all unrecoverable program costs incurred on my behalf.

9. GENERAL RELEASE AND WAIVER. In consideration of participating in this program through Grand Valley State University, I the undersigned, in full recognition and appreciation of the dangers and hazards inherent in traveling, and to which I may be exposed during my enrollment and/or participation in this program /program, I do hereby agree to assume all the risks and responsibilities surrounding my participation in the program identified below or any independent activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of Grand Valley State University, its officers, Board of Trustees, agents or employees, during the period of my participation as aforesaid.

In addition, I understand that any claims, actions, or causes of action related to the program against the University, or its Board of Trustees, officers, employees, students, representatives, agents, or contractors be determined pursuant to the law of the state of Michigan and that sole and exclusive jurisdiction shall be the courts of the state of Michigan.

I have read this release, thoroughly understand it, and have asked questions if I did not understand it. My signature below indicates my complete and willful consent.

Signature of Participant _____ Date _____

Name (Please Print) _____

Program Name _____ Semester(s) of Participation _____

If the above-signed is under the age of 18 at the date of signing, this form must be signed by the participant's parent or legal guardian below.

Signature of Legal Guardian _____ Printed Name _____ Date _____