



220 Mineola Blvd. Suite 6 • Mineola, NY 11501  
SAFERIDEUSA.ORG • 1.844.347.1500

## **CLIENT AGREEMENT**

1. I request that Safe Ride USA provide me with a chauffeur and I authorize the Safe Ride USA chauffeur to operate my vehicle. I believe my vehicle to be safe to operate on public roads and I have no knowledge of any conditions to the contrary.
  
2. I certify that I carry automobile insurance providing minimum liability limits of \$100,000 bodily injury each person / \$300,000 each accident, \$50,000 property damage, collision and comprehensive coverage, that there are no driver restrictions in the policies, and that such policies are in full force and effect.
  
3. I understand that my vehicle insurance is primary for liability, collision and comprehensive coverage and that Safe Ride USA's responsibility is limited to the amount of my deductible or \$500.00 (whichever is less) for physical damage to my vehicle resulting from the negligence of a Safe Ride USA chauffeur.
  
4. I will advise Safe Ride USA of any changes in the condition of my vehicle or insurance coverage.
  
5. I, for myself, my children, spouse and other heirs HEREBY RELEASE, AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS Safe Ride USA and its officers, directors, shareholders, employees and independent contractors from any and all claims, demands, suits, liabilities, expenses, costs, judgments, injuries (including death) or other losses or damages which arise from or relate to Safe Ride USA and its officers, directors, shareholders, employees and independent contractors providing services to me.

**I HEREBY AGREE TO THE PROVISIONS OF THIS CLIENT AGREEMENT AND CERTIFY THE REPRESENTATIONS MADE BY ME TO BE TRUE.**

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_