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**Policy Number:** 104.140  
**Title:** Auto Liability Insurance  
**Effective Date:** 6/19/18

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**PURPOSE:** To ensure all motor vehicles owned by the department and registered for highway use are covered by liability insurance as required by state law.

**APPLICABILITY:** All motor vehicles owned by the department and registered for highway use.

**DEFINITIONS:** None

**PROCEDURES:**

- A. Motor vehicle liability insurance, including comprehensive/collision coverage (if applicable), is provided by the Minnesota Department of Administration's Risk Management Division (RMD). The RMD deals with each established fleet location separately. The cost of insurance coverage for DOC-owned vehicles is paid by the unit that owns the vehicle.
- B. Each vehicle is assigned an insurance card that must be kept in the vehicle and drivers are responsible for ensuring the card is in the vehicle prior to driving the vehicle.
- C. Each fiscal year, RMD contacts financial services at each established billing location to verify vehicles needing coverage for the next fiscal year. Finance staff must verify the accuracy of the report, modify as needed, and return it to RMD. The established billing location must retain the insurance report and approved vehicle list for payment purposes.
- D. RMD generates invoices for each billing location with auto liability insurance coverage.
- E. Department fleet coordinators must notify RMD of any vehicle or insurance coverage changes to DOC-owned vehicles so coverages can be adjusted or removed.

**INTERNAL CONTROLS:**

- A. Supporting documents and original payment documents are retained at the appropriate financial services office.

**ACA STANDARDS:** 2-C0-1B-11, 4-4041, 1-ABC-1B-15

**REFERENCES:** Minn. Stat. §§[16B.85](#); [65B.48](#); [241.01](#)

**REPLACES:** Policy 104.140, "Auto Liability Insurance," 1/3/17.  
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

**ATTACHMENTS:** [State of Minnesota Risk Management Division Coverage Change Request form](#)  
(external Department of Administration form)

**APPROVALS:**

Deputy Commissioner, Community Services

Deputy Commissioner, Facility Services

Assistant Commissioner, Facility Services

Assistant Commissioner, Operations Support