

Vehicle Usage Policy

Effective Date:	January 1, 2010
Last Modified:	May 2019
Approved By:	Senior Technology and Operations Risk Committee
Date Approved:	August 2019 (not approved annually)
Next Review Date:	June 2020
Contact Person/Officer:	SVP Chief Risk Officer/SVP Human Resources

Table of Contents

Purpose	1
Scope and Responsibilities	1
Policy and Practices	2
Renewal/Review	4
Modification History	4
Appendix A – Stmt of Understanding	5
Appendix B – Accident Report	6

PURPOSE

The purpose of this policy is to establish guidelines for the use of both company-owned vehicles, company-rented vehicles and employee-owned vehicles driven for company business purposes.

SCOPE AND RESPONSIBILITIES

This policy applies to any employee who drives company-owned vehicles, or who rents or uses their own vehicles for business-related purposes. “Company” shall refer to QCR Holdings, Inc., or any of its wholly- owned subsidiaries.

POLICY AND PRACTICES

Usage of Company-Owned/Leased Vehicles

Only Company employees have permission to drive Company-owned/leased vehicles. No family members or non-employees may drive company-owned/leased vehicles.

Vehicle Usage Policy

QCBT Correspondent Banking Department and vehicles assigned to certain senior level management and the Velie company-owned/leased vehicles may be driven by authorized employees at any time.

Company-owned/leased vehicles used for couriers and facility management may be driven by authorized employees during their established working hours only, as determined by their supervisor. Exceptions to this timeframe should be in writing and must be approved by their supervisor.

The Company will periodically review driving records of employees authorized to drive company-owned/leased vehicles. Authorization to drive both on Company business and a Company vehicle will be withdrawn for employees who are shown to have poor driving records. A poor driving record is defined as having one or more of the following violations:

- Conviction for an alcohol and/or drug related driving offense
- Refusal to submit to a Blood Alcohol Content (BAC) test
- Conviction for reckless driving
- Any combination of three or more moving violations, “At Fault Accidents”, or “Preventable Accidents” within the most recent three years.
- Suspension, revocation or administrative restriction within the last three years
- Leaving the scene of an accident as defined by state laws
- At fault in a fatal accident
- Felony committed involving a vehicle
- Three or more claims involving physical damage claims to any Company vehicle driven in any twelve month period

In the event of an accident when using a Company-owned/leased vehicle for work purposes, a verbal and written report must be provided to the employee’s direct supervisor and QCRH Risk Management within 24 hours of the accident. A template is provided at Appendix B.

Usage of Privately-Owned Vehicles

The use of privately-owned vehicles for approved work is permissible provided it is approved by a supervisor and used in accordance with the general parameters outlined below:

- Motorcycles, scooters and bicycles are not acceptable for business use.
- The use of privately-owned vehicles for work should be minimized and only used for purposes that cannot be accomplished economically by other transport means (e.g. delivery service, rental car, shuttle service, etc.).
- Alternate means of transportation such as delivery service or rental cars should be considered as a viable means of transportation for long distance trips and when other employees will be passengers in a privately-owned vehicle.

Insurance Coverage and Claims

Employees who regularly use privately-owned vehicles on Company business may be required to show satisfactory evidence of liability insurance coverage upon hire. It is required that employees have \$300,000 combined single limit, or if split limits - \$100,000/person, \$300,000/accident, \$100,000 property. The Company may require periodic satisfactory evidence of liability insurance coverage after initial hire.

As is customary in the insurance business, when an employee uses their own vehicle their private insurance is the primary source of insurance coverage for the vehicle, even when driving the vehicle on Company business. If an

Vehicle Usage Policy

accident occurs and damages exceed an employee's insurance limits, Company Vehicle Liability coverage may or may not be available as excess insurance over the personal auto policy, depending on the circumstances of the accident. Coverage is determined by the employee's and the Company's insurance carriers.

In the event of an accident when using a privately-owned vehicle for work purposes, a verbal and written report must be provided to the employee's direct supervisor and QCRH Risk Management within 24 hours of the accident. A template is provided at Appendix B.

When a private vehicle operated by an employee on official Company business is damaged by collision or sustains other accidental damage, the Company may authorize reimbursement for repairs borne by the employee up to \$500 or the amount of the deductible (co-insurance), whichever is less. Expenses that can be recouped from the employee's insurance coverage are not eligible for reimbursement. The amount reimbursed shall be based on receipts submitted by the employee to their supervisor and the SVP Chief Risk Officer. The reimbursement may be charged to the department or to another appropriate account as designated by the SVP Chief Risk Officer.

Usage of Rental Vehicles

The Company has insurance in place for rental vehicles. Employees who need to rent a vehicle for business purposes can decline the coverage offered by the rental company. To reduce the liability of the Company, employees must inspect vehicles before leaving the rental facility and immediately after returning a vehicle to the car rental facility. Employees may be held financially responsible for claims by rental car companies for damages to vehicles if the employee fails to inspect the car for damages before and after the rental.

Driver Safety/Prohibited Practices

It is the Company's desire to keep employees and their passengers as safe as possible while performing their duties. The following policy applies anytime an employee is operating *any* vehicle on Company business.

- All drivers must abide by all federal, state and local motor vehicle regulations, laws and ordinances. All fines, defense costs and other legal penalties arising out of ticketed offenses are the responsibility of the driver.
- A driver may not operate a vehicle at any time when his/her ability is impaired, affected, or influenced by alcohol, illegal drugs, medication, illness, fatigue or injury.
- No driver may have or permit possession of alcohol or illegal drugs in any vehicle being used for business purposes.
- The driver and all occupants are required to wear safety belts when operating or riding in any vehicle.
- Drivers shall not pick up hitchhikers.
- Where illegal, driver shall not use radar detectors, laser detectors or similar devices.
- Drivers shall not use cell phones while driving, unless a hands-free device is utilized.

RENEWAL/REVIEW

The QCRH SVP Chief Risk Officer and the SVP Human Resources will periodically review and update this policy as necessary.

Vehicle Usage Policy

Modification History

Date:	Details:
Nov 2017	Update to include vehicles acquired through CSB and Guaranty. Included a requirement to inspect rental vehicles.
August 2018	Added policy language around usage of privately-owned vehicles. Added language around accident reporting, insurance coverage recommendations, and deductible reimbursement. Added accident report template. Updated titles. Added SVP Human Resources as reviewer of policy.
May 2019	Changed employee insurance limits from recommended to required based upon audit and recommendation by Travelers and Molyneaux. Anne Howard discussed and approved through SALT. Included SVP Human Resources as a contact for the policy. Minor changes to the reporting form.

Vehicle Usage Policy

Statement of Understanding

I have read and fully understand the terms of this policy and agree to abide by them.

I hereby consent and authorize QCR Holdings, Inc, and its agents (the “Company”) to periodically review my driving records. I understand that authorization for me to drive a Company vehicle may be withdrawn if it is shown that I have a poor driving record, as defined by the Vehicle Usage Policy*. I realize that withdrawal of my driving privileges may affect my employment status with the Company.

I will notify my supervisor of any potential issues or violations of this policy. I know that any violation of this policy could lead to disciplinary action, suspension, or dismissal.

Signature

Date

Printed Name

Drivers License #

State Issued

*This policy may be periodically updated. Updates will be communicated to employees via e-mail. Employee signatures on the Statement of Understanding will be obtained annually and placed into personnel files located in the Human Resources Department.

What to do in case of a motor vehicle accident with a company-owned vehicle....(contact Shawna Graham for a reporting form if the accident involves an employee-owned vehicle)

Immediate actions:

- Take precautions necessary to protect the scene of the accident from further accidents.
- Call the police. If someone is injured, request medical assistance. If fire is involved, request fire department aid.
- Be courteous. Answer police questions. Give identifying information to the other party involved, but make no comments about assuming responsibility.
- Obtain identifying information of the other party, including name, address, their insurance company, and policy number
- As soon as possible, report the accident to Shawna Graham in QCRH Risk Management at 309-743-7720 or sgraham@qcrh.com. She will take care of the claim. If the accident occurs on a weekend, then call Travelers at 1-800-238-6225, and follow up immediately with Shawna Graham on Monday. Make sure you get the claim number to include in your report.
- Policy information: Should be included on the auto card located in the glove compartment.

Gather the facts:

Use the following form as a guide for gathering pertinent information.

The objective is to report the claim quickly. Prompt reporting can greatly expedite claim resolution. Try to gather as much information as possible, but don't worry if you do not have the answers to every question. The worksheet is a tool to help reduce the amount of time you are on the telephone and to give you an easy place to collect information.

Auto Accident Report for Insurance Claim

Please provide the following information:

Question	Answer
1. Employee name, address, phone number (indicate whether this is home, work, or cell), email, DL# and state, and date of birth Is this information where driver can be contacted by the insurance adjustor? If not, please provide additional contact information (e.g. other telephone numbers).	
2. Injured parties (detailed information – name, address phone number (indicate whether this is home, work or cell), email address, type of injury)	
3. Names of any Witnesses and their contact information	
4. Address and name of the location where the accident occurred	
5. When – Date and approximate time	
6. What happened (how it occurred)	
7. Did air bags deploy on either vehicle?	

8. Approximately how fast were the vehicles traveling at the time of the accident?	
9. Our vehicle information (including rentals)	
a. license plate # and state in which it is licensed,	
b. VIN #,	
c. Make, model, color, and year if you have it	
d. Milage on the vehicle	
e. If rented, the company the vehicle is rented from	
10. Nature of damage to our vehicle. Indicate if the vehicle is drivable or not. Provide information on where the car will be taken for a repair estimate.	
11. Indicate where the vehicle will be located for an insurance adjuster to view it.	
12. Vehicle information of other driver(s) –	
a. license plate # and state in which it is licensed,	
b. VIN #,	
c. Make, model, color, and year if you have it	
13. Other driver(s) Information:	
a. Name	
b. DL# and state	
c. Address	
d. Phone number (indicate whether this is home, work or cell)	
e. Email address	
f. Insurance Company, address, phone number	
g. Are they the owner of the vehicle? If not, provide the owner’s name and contact information.	
14. Nature of damage to other vehicle and location of that vehicle	
15. Was there any other property damage?	
16. Provide policy information – city/state, report #	