ORGANIZATION OF AMERICAN STATES
GENERAL SECRETARIAT

ADMINISTRATIVE MEMORANDUM No. 105 rev. 1

SUBJECT: Insurance requirement for Official Vehicles in the Member States registered under the name of the General Secretariat of the Organization of American States and for Vehicles rented for use of a GS/OAS Office, Mission, or Project in a Member State

CONSIDERING:

That some vehicles registered or rented under the name of the General Secretariat in an OAS Member State may not be properly insured;

That the use of vehicles registered or rented under the name of the General Secretariat that are not appropriately insured might have serious consequences for the General Secretariat and for its officials, in the event that an accident occurs in a Member state; and

That it is imperative that all of the Offices of the General Secretariat in the Member States ensure that all vehicles purchased or leased for use of the General Secretariat, or for any GS/OAS project or mission, are registered in the respective Member State and are properly insured.

THE DECISION:

1. No purchased or leased vehicle registered under the name of the General Secretariat or of any other entity of the Organization of American States or of the General Secretariat may be used until the vehicle is properly insured.

2. No vehicle rented for the use of a GS/OAS Office, Project, or Mission in a Member State may be driven without first obtaining adequate insurance.

3. All vehicles assigned to the Offices of the General Secretariat in the Member States and all vehicles assigned to GS/OAS projects and missions in Member States must be registered under the name of the “General Secretariat of the OAS” and not under the name of the “OAS”.

4. The Director of the Office of the General Secretariat in the respective Member State must, for each vehicle owned or leased for the use of that Office and/or for the use of a GS/OAS project or mission, completely fill out the form attached hereto as Annex I and within no more than two (2) business days after purchase or lease of said vehicle send the completed form to the Office of Procurement Services (“OPS”).

   a. In order to keep the information current, the Director of the Office must send to the OPS no later than the 31st of January of each year, an updated form with the information provided for each vehicle registered under the name of the General Secretariat of the OAS in the respective Member State.

5. In the event of an accident involving a GS/OAS owned, leased, or rented vehicle in a Member State, the Director of the Office of the General Secretariat in that member state must inform the OPS immediately and in writing, (see Annex II, hereto.)
6. All questions regarding the appropriate amount of vehicle insurance coverage should be addressed to the OPS in writing.

7. This Administrative Memorandum supersedes any contrary provision, regulation or practice of the General Secretariat.

Frank Almaguer
Assistant Secretary for Administration and Finance

January 19, 2006
Original: English
**ANNEX I**

**INVENTORY AND INSURANCE DATA ON GS/OAS VEHICLES LOCATED IN THE OAS MEMBER STATES**

(Please fill out one chart per vehicle)

<table>
<thead>
<tr>
<th>Country:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**VEHICLE INFORMATION:**

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Year</th>
<th>VIN Motor</th>
<th>VIN Chassis</th>
<th>Engine Type</th>
<th>Color</th>
<th>License Tag</th>
<th>OAS Barcode</th>
<th>Pre tax Purchase Price US$</th>
<th>After tax Purchase Price US$</th>
<th>Insured Purchase Value US$</th>
<th>Purchase Date</th>
<th>Other Specifications *</th>
</tr>
</thead>
</table>

* For example: Power steering, AC, Central Locking, Air Bag (Driver/Passenger), Sunroof, CD player

1. This vehicle is:
   a. Assigned exclusively for use of the GS/OAS Office and its Director
      yes/____/no____/
      If no, please provide the following information:
      Name and title of each person other than the Director authorized to use the vehicle:

2. Assigned to a GS/OAS Project(s) or Mission
   yes/____/no____/
   If yes, please provide the following information:
   
   Project(s) or Mission name(s):
   Dept./Office/Unit At Headquarters:
   Contact Name/Project Manager/Coordinator:
   E-mail:________________________Ph#:____________________Fax#:____________________
   
3. Specify what funds were used to buy or lease, maintain and insure this vehicle:

II. Is this vehicle insured at GS/OAS Headquarters?
   yes/____/no____/
   If yes, please provide:
   
   Name and Title of each authorized driver of this vehicle:

   ________________________________
   ________________________________
III. If the vehicle is not insured at Headquarters but is insured elsewhere, please provide the following information:

A. LOCAL INSURANCE INFORMATION

Name of Insurance Company: ____________________________
Address: ____________________________________________
Contact name(s) at the Insurance Company: ________________
E-mail: ____________________________ Ph#: ________________ Fax#: ________________
Policy #: ____________________________ Coverage Period: ________________

B. DETAIL OF COVERAGE

<table>
<thead>
<tr>
<th>Types of Coverage</th>
<th>Limits of Coverage</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Damage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Expenses for Driver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Party Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. NAME AND TITLE OF EACH AUTHORIZED DRIVER:

__________________________________________

__________________________________________

IV. Is insurance coverage in any other country(ies) included: yes / ____ / no / ____ /
If yes, for each country, please provide the following pertinent information:

A. COUNTRY: ____________________________

B. DETAIL OF COVERAGE

<table>
<thead>
<tr>
<th>Types of Coverage</th>
<th>Limits of Coverage</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Damage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Expenses for Driver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Party Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
V. Is this vehicle used in any other country(ies)?  yes /___/  no /___/

   a. If yes, please indicate which
country(ies):

   b. If yes, and if not already provided above, provide the following information for each such country:

DETAIL OF COVERAGE

<table>
<thead>
<tr>
<th>Types of Coverage</th>
<th>Limits of Coverage</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Damage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Expenses for Driver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Party Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VI. Comments:

________________________________________________________________________

________________________________________________________________________
ANNEX II
GS/OAS CLAIM REPORT
AUTO ACCIDENT INFORMATION

Country: ___________________________ Date: ___________________________

I. Incident Report of the event

Please state which GS/OAS leased or owned Vehicle or which GS/OAS rented vehicle was involved in the accident:

Make and model ___________________________ Year ___________________________
VIN number ___________________________ License Tag ___________________________
GS/OAS barcode ___________________________ Estimated value of vehicle ___________________________

Please describe in detail what happened, describe the type and extent of the damage, and include photos of the damaged vehicle, along with photos of any other vehicle or person, etc. involved in the accident:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

II. Police/Transit Report

Was the police or proper authority notified? yes / ___ / no / ___ / 
If yes, please include police/transit authority report; if not, please explain.

________________________________________________________________________________________

________________________________________________________________________________________

III. Medical Bills

Was any person involved in the accident injured and required hospitalization? yes / ___ / no / ___ / 
If yes, for each person, please provide his/her name and address, indicate whether he/she is a GS/OAS staff member or independent contractor, and include a copy of any medical bills.

________________________________________________________________________________________

________________________________________________________________________________________

IV. Estimate for Repairs of GS/OAS vehicle

If a GS/OAS owned or leased vehicle was damaged please provide the cost of the repair. As supporting documents please include at least two estimates. If only one estimate is presented, please justify.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
V. Estimate for Repairs of the other(s) vehicle(s) involved

If the GS/OAS driver was at fault, please provide the cost of the repair. As supporting documents, please include at least two estimates. If only one estimate is presented, please justify.

VI. Estimate for Repairs of vehicle rented by GS/OAS

A. If the GS/OAS driver was at fault, and the vehicle used by the GS/OAS driver was a rented vehicle, please provide the cost of the repair. As supporting documents, please include at least two estimates. If only one estimate is presented, please justify.

B. DETAIL OF COVERAGE for the rented vehicles:

<table>
<thead>
<tr>
<th>Types of Coverage</th>
<th>Limits of Coverage</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Damage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Expenses for Driver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Party Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ATTACHMENTS: Photos – Proof of loss
Police/Transit Report
Replacement/Repair Estimates
Copy of original purchase invoice (if available)