



PARENT-TEEN DRIVER AGREEMENT



410-527-1400

www.atlanticinsgroup.com



I _____ understand that the decisions I make while driving affect me, my family, and those around me. Therefore, I promise to always drive with caution, and with regard for other drivers, bicyclists, and pedestrians at all times. I also understand that violations and claims affect the premium I pay and even can affect insurability.

I PROMISE: (FOR TEENS)

...DURING THE PROVISIONAL LICENSING PERIOD:

- I will not use the vehicle between Midnight and 5 AM.
- I will not drive passengers under the age of 18 unless they are immediate family.

...THAT I WILL OBEY ALL THE RULES OF THE ROAD INCLUDING:

- wearing my seat belt and make sure other passengers buckle up.
- obeying all traffic lights, stop signs, and other street signs.
- adhering to the speed limit and driving defensively.
- using turn signals when turning, merging, or parking.

...THAT I CAN STAY FOCUSED ON DRIVING.

- I will never text while driving (writing, reading, or sending messages).
- I will never talk on the cell phone – including hands-free devices or speaker phone – while driving.
- I will drive with both hands on the wheel.
- I will not eat or drink while driving.
- I will drive only when I am alert and in emotional control.
- I will call my parents for a ride home if I am impaired in any way that interferes with my ability to drive safely or if my driver is impaired in any way.
- I will never use headphones or ear buds to listen to music while I drive.

...THAT I WILL RESPECT LAWS ABOUT DRUGS AND ALCOHOL.

- I will only drive when I am alcohol and drug free.
- I will never allow any alcohol or illegal drugs in the car.
- I will only be a passenger with drivers who are alcohol and drug free.

...THAT I WILL BE RESPONSIBLE INCLUDING:

- I will only drive when I have permission to drive the car.
- I will not drive someone else's car without parental permission.



Restrictions

I agree to the following restrictions, but understand that these restrictions will be modified by my parents as I get more driving experience and demonstrate that I am a responsible driver.

- ✓ For the next ____ months, I will not drive after ____ PM.
- ✓ For the next ____ months, I will not drive teen passengers without an adult present.
- ✓ For the next ____ months, I will not adjust the radio, electronic devices, or a/c while car is moving.
- ✓ For the next ____ months, I will not drive in bad weather.
- ✓ I understand that I am not permitted to drive on the following roadways:



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I PROMISE: (FOR PARENTS)

...TO PRACTICE GOOD COMMUNICATION:

- I will communicate openly and often about what we promised each other in this agreement.
- When my teen is driving, I will give feedback and instruction with respect.

...TO MODEL THE SAME GOOD DRIVING TECHNIQUES I AM ASKING MY TEEN TO FOLLOW:

- wearing my seat belt and make sure other passengers buckle up.
- obeying all traffic lights, stop signs, and other street signs.
- adhering to the speed limit and driving defensively.
- using turn signals when turning, merging, or parking.

...TO BE MY TEEN'S SAFE RESOURCE IF THEY NEED A RIDE HOME, REGARDLESS OF THE TIME OR PLACE.

- I will be available to pick up my teen regardless of the time or place if they call me and feel they are in an unsafe or questionable situation (i.e. involving alcohol or drugs). I promise to listen and not judge in the moment, but to follow up later and respond in a healthy, supportive way to the situation.
- If I am unable to pick my teen up, I promise to arrange for a ride to pick them up and get them home safely.

I agree to follow all the rules and restrictions outlined in this agreement.

Driver: _____

Date: _____

Parent/Guardian: _____

Date: _____

In An Emergency:

- ✓ Call **9-1-1**
- ✓ Pull off to the side of the road if possible.
- ✓ Call your insurance agent.
- ✓ Take photos of damaged vehicles or property
- ✓ Get the tag number of the other car(s) and driver's license number of the other driver(s)
- ✓ Record insurance information for the other driver

My Agent Phone Number is: _____

My Policy Number is: _____