



★ **VEHICLE INSURANCE PACKET CONTENTS:**

1. Auto Accident Reporting Procedures
2. ACORD Automobile Loss Notice - *To Report Auto Accidents use electronic form at*
<https://utexas.app.box.com/v/acord-auto-loss>.
3. ACORD Certificate of Liability Insurance
4. Memorandum
5. Excerpt from Chapter 601. Motor Vehicle Safety Responsibility Act

★ **PLEASE KEEP THIS PACKET IN ALL UNIVERSITY OF TEXAS VEHICLES**

UT AUSTIN AUTO ACCIDENT REPORTING PROCEDURES

Know What to Say and Not Say

- Do not admit fault.
- Do not discuss specifics with anyone other than the police, UT Risk Management, or UT's insurance carrier.
- Do not accept any monetary compensation from the other driver.

Procedure to Report accident involving UT-owned vehicles:

1. Immediately following the accident, contact police to come to the scene:
 - If off campus, contact local police at 911 and file and obtain a copy of the report.
 - If on campus, contact UTPD at (512) 471-4441 or 911 and file and obtain a copy of the report.
2. At the scene: Gather information needed to complete the ACORD Automobile Loss notice.

Loss:

- Date
- Time
- Location
- Description of Accident

Property Damage:

- Other driver name
- Driver phone / contact information
- Insurance information (*company, agent name, phone number, policy number*)
- Car or damaged property information (*year, make, model, license plate number*).

Injured:

- Name
- Phone number
- Description of injury
- Ambulance called?

Witness/Passengers:

- Name
- Phone / Address / contact information

3. Within 24 hours, inform your supervisor and/or UTDRIVERS delegate. You or your department contact [whomever is responsible for reporting automobile accidents for your department] **must go online to** <https://utexas.app.box.com/v/acord-auto-loss> and follow instructions in section III **to complete electronic ACORD form**.
4. **Email** the completed ACORD along with the police report, photos, repair estimates and any other available documentation to the Office of Accounting, Risk Management at oa.riskmgt@austin.utexas.edu.
5. Risk Management will forward the information to UT's insurance company for processing.
6. A claims adjuster from UT's insurance carrier will contact the parties involved and attempt to settle the claim.

Physical Damage Auto Policy Claims - Vehicles covered under UT Austin Physical Damage Policy:

1. Email Office of Accounting, Risk Management at oa.riskmgt@austin.utexas.edu for appropriate ACORD form to report the potential claim.
2. UT's insurance company will dispatch a claims adjuster to assess the damage to the insured vehicle.
3. The claims adjuster will provide the insurance company with a written repair estimate.
 - a. The insurance company will mail the department a check for the amount of the estimate.
 - b. The UT driver or department contact should call the University of Texas at Austin Automotive Shop at (512) 471-4668 or (512) 471-4505 to assist in coordinating necessary repair work.
 - c. If the repair cost exceeds the amount of the estimate, the body shop completing the repairs will send the insurance company a supplemental bill for the difference.

Questions? Call (512) 232-1441 or see <https://afm.utexas.edu/hbp/part-19/1-1-vehicle-insurance-and-related-claims>



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY Arthur J. Gallagher Risk Management Services, Inc. P O Box 1749 Spring, Texas 77383-1749	PHONE (A/C, No, Ext):	COMPANY Safety National Casualty Corp.	NAIC CODE:	MISCELLANEOUS INFO (Site & location code) UT Arlington - 714 UT Austin - 721 UT Dallas - 738	
FAX (A/C, No):	E-MAIL ADDRESS:	POLICY NUMBER CA6676605 PD XPR4068435 LIAB	POLICY TYPE ☐ Systemwide Liability ☐ Physical Damage (if scheduled) ☐ Athletics	REFERENCE NUMBER	CAT #
CODE:	SUB CODE:	EFFECTIVE DATE 09/08/2026	EXPIRATION DATE 09/08/2027	DATE OF ACCIDENT AND TIME	PREVIOUSLY REPORTED AM ☐ PM ☐ YES ☐ NO ☐
AGENCY CUSTOMER ID:					

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS The Board of Regents of The University of Texas System 210 West 7th Street Austin, Texas 78701-2981		SOC SEC # OR FEIN: -----		NAME, ADDRESS, DEPT WHEN TO CONTACT: WHERE TO CONTACT	
E-MAIL ADDRESS: autoclaims@utsystem.edu		E-MAIL ADDRESS:		E-MAIL ADDRESS:	
RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext): 512-579-5029		RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):	

LOSS	LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED:	VIOLATIONS/CITATIONS
	DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)	REPORT #:	

POLICY INFORMATION (RISK MANAGEMENT USE ONLY)						
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT \$600,000	MEDICAL PAYMENT	OTC DEDUCTIBLE \$1,000 (COMP)	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc) Physical Damage (OTC and Collision) only applies if coverage is purchased prior to loss. Systemwide Liability Deductible (includes Hired/ Non-Owned coverage) - \$2,500
LOSS PAYEE					COLLISION DED \$1,000	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER: -----	LIMITS: -----	AGGR -----	PER CLAIM/OCC ----- SIR/ DED -----

INSURED VEHICLE (UT DRIVER)									
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	PLATE NUMBER	STATE		
OWNER'S NAME & ADDRESS Only complete if not UT Owned vehicle						RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):			
DRIVER'S NAME & ADDRESS (Check if same as owner)						RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):			
RELATION TO INSURED (Employee, family, etc.)		DATE OF BIRTH		DRIVER'S LICENSE NUMBER		STATE		PURPOSE OF USE	
								USED WITH PERMISSION? ☒ YES ☐ NO	
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?		OTHER INSURANCE ON VEHICLE	

PROPERTY DAMAGED				VEHICLE?		YES ☐ NO ☐ (OTHER PARTY)			
DESCRIBE PROPERTY (If auto, year, make, model, plate #)				OTHER VEH/PROP INS?		COMPANY OR AGENCY NAME:		POLICY #:	
				YES ☐ NO ☐					
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):					
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)				RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):					
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?					

INJURED									
NAME & ADDRESS		PHONE (A/C, No)		PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY	

WITNESSES OR PASSENGERS							
NAME & ADDRESS		PHONE (A/C, No)		INS VEH	OTH VEH	OTHER (Specify)	
REMARKS (Include adjuster assigned)							
REPORTED BY		REPORTED TO		SIGNATURE OF INSURED		SIGNATURE OF PRODUCER	

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, Pennsylvania, Tennessee, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/8/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 5847 San Felipe St. Suite 1600 Houston TX 77057	CONTACT NAME: Rahim Bhamani PHONE (A/C, No, Ext): 281-655-6764 E-MAIL ADDRESS: Rahim_Bhamani@ajg.com FAX (A/C, No): 713-622-6722
INSURED The University of Texas System 210 West 7th Street Attn: Office of Risk Management Austin TX 78701	INSURER(S) AFFORDING COVERAGE INSURER A: Safety National Casualty Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 65620614**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☒ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			XPR4068435	9/8/2026	9/8/2027	COMBINED SINGLE LIMIT (Ea accident) \$600,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

As per fleet schedule on file with the insurance company.

John Santos is the primary contact for all claims. See above contact information for John Santos.

Named Insured Schedule:

The University of Texas System Board of Regents
The University of Texas System Administration
The University of Texas System
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Arthur J. Gallagher Risk Management Services, LLC

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED The University of Texas System 210 West 7th Street Attn: Office of Risk Management Austin TX 78701
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

The University of Texas at Arlington
The University of Texas at Austin
The University of Texas at Dallas
The University of Texas at El Paso
The University of Texas of the Permian Basin
The University of Texas at San Antonio
The University of Texas at Tyler
The University of Texas Rio Grande Valley
The University of Texas Southwestern Medical Center
The University of Texas Medical Branch at Galveston
The University of Texas Health Science Center at San Antonio
The University of Texas M.D. Anderson Cancer Center
The University of Texas Health Science Center at Houston
The University of Texas Health Science Center at Tyler
Texas Epidemic Public Health Institute
Stephen F. Austin State University, a member of the University of Texas System



MEMORANDUM

September 1, 2026

To: Whom It May Concern

From: Daniel H. Sharphorn, Vice Chancellor and General Counsel

Subject: Insurance and Indemnification of The University of Texas System

The following information accurately summarizes the current state of affairs with respect to certain insurance and indemnification matters governing the academic and health institutions of The University of Texas System ("UT System"). This memo applies to The Board of Regents of the UT System, UT System Administration, and institutions within the UT System, all of which are agencies of the State of Texas.

As an agency of the State of Texas, UT System is precluded from granting full indemnity in an agreement with another entity. This preclusion has two bases, the first of which is the Texas Constitution. Primarily, Article 3, Sections 50-52, of the Constitution generally provide that the State has no power to give, lend, or pledge the credit of the State to any person, association, or corporation.

The second basis for the preclusion is the doctrine of sovereign immunity, which prohibits UT System from agreeing to indemnify claims from which it would otherwise be immune. A governmental unit, such as a UT System institution, is immune from suit and liability unless the State (i.e. the Legislature) consents to the suit. *Dallas Area Rapid Transit v. Whitley*, 104 S.W.3d 540, 542 (Tex. 2003). Legislative consent to suit, whether expressed by statute or otherwise, must be given in clear and unambiguous language. Tex. Gov't Code § 311.034; *University of Texas Medical Branch v. York*, 871 S.W.2d 175, 177 (Tex. 1994).

Because of the doctrine of sovereign immunity, UT System does not purchase commercial general liability or employer's liability insurance for alleged torts committed by its employees who act within the scope of their employment, except in limited circumstances. The Texas Tort Claims Act ("the Act"), Chapter 101 of the Texas Civil Practice and Remedies Code, provides a limited waiver of sovereign immunity for claimants who make tort claims under its provisions. These claims fall into two general areas: (i) injuries arising out of use of publicly owned motor vehicles and motor-driven equipment, and (ii) injuries arising out of conditions or use of property. UT System's liability under the Act is limited. Under the Act, liability in cases of personal injuries or death is limited to a maximum amount of \$250,000 per person and \$500,000 for each single occurrence. The maximum amount of liability for injury to or destruction of property is \$100,000 for each single occurrence.

UT System purchases business automobile liability insurance for all University-owned, -hired and non-owned vehicles with limits of at least \$250,000 per person and \$500,000 per accident for bodily injury and \$100,000 for property damage. These damage limits are set by the Texas Tort Claims Act. UT System retains the right to self-insure automobile liability in the future if it is deemed to be in its best interest.

Employees of UT System are provided workers' compensation insurance coverage under a self-insured, self-managed program as authorized by the Texas Labor Code, Chapter 503.

This memorandum is intended only for use by UT System institutions and UT System Administration and their intended recipients. Subject to applicable law, this memorandum may not otherwise be disclosed by the recipient to third parties without the prior consent of UT System's Office of General Counsel. This memorandum may be relied on as accurate only as of the date it is issued. UT System assumes no obligations to update this information and the recipient acknowledges that this information may be subsequently rendered inaccurate by statutory changes and other matters beyond the control of UT System.

SUBTITLE D. MOTOR VEHICLE SAFETY RESPONSIBILITY
CHAPTER 601. MOTOR VEHICLE SAFETY RESPONSIBILITY ACT
SUBCHAPTER A. GENERAL PROVISIONS

§ 601.053. EVIDENCE OF FINANCIAL RESPONSIBILITY.

Text of subsection effective on January 01, 2025:

(a) As a condition of operating in this state a motor vehicle to which Section [601.051](#) applies, the operator of the vehicle on request shall provide to a peace officer, as defined by Article [2A.001](#), Code of Criminal Procedure, or a person involved in a collision with the operator evidence of financial responsibility by exhibiting:

(1) a motor vehicle liability insurance policy covering the vehicle that satisfies Subchapter D or a photocopy of the policy;

(2) a standard proof of motor vehicle liability insurance form prescribed by the Texas Department of Insurance under Section [601.081](#) and issued by a liability insurer for the motor vehicle;

(2-a) an image displayed on a wireless communication device that includes the information required by Section [601.081](#) as provided by a liability insurer;

(3) an insurance binder that confirms the operator is in compliance with this chapter;

(4) a surety bond certificate issued under Section 601.121;

(5) a certificate of a deposit with the comptroller covering the vehicle issued under Section 601.122;

(6) a copy of a certificate of a deposit with the appropriate county judge covering the vehicle issued under Section 601.123; or

(7) a certificate of self-insurance covering the vehicle issued under Section [601.124](#) or a photocopy of the certificate.

(b) Except as provided by Subsection (c), an operator who does not exhibit evidence of financial responsibility under Subsection (a) is presumed to have operated the vehicle in violation of Section [601.051](#).

(c) Subsection (b) does not apply if the peace officer determines through use of the verification program established under Subchapter N that financial responsibility has been established for the vehicle. A peace officer may not issue a citation for an offense under Section [601.191](#) unless the officer attempts to verify through the verification program that financial responsibility has been established for the vehicle and is unable to make that verification.

(d) The display of an image that includes financial responsibility information on a wireless communication device under Subsection (a)(2-a) does not constitute effective consent for a law enforcement officer, or any other person, to access the contents of the wireless communication device except to view the financial responsibility information.

(e) The authorization of the use of a wireless communication device to display financial responsibility information under Subsection (a)(2-a) does not prevent:

(1) a court of competent jurisdiction from requiring a person to provide a paper copy of the person's evidence of financial responsibility in a hearing or trial or in connection with discovery proceedings; or

(2) the commissioner of insurance from requiring a person to provide a paper copy of the person's evidence of financial responsibility in connection with any inquiry or transaction conducted by or on behalf of the commissioner.

(f) A telecommunications provider, as defined by Section [51.002](#), Utilities Code, may not be held liable to the operator of the motor vehicle for the failure of a wireless communication device to display financial responsibility information under Subsection (a)(2-a).

Acts 1995, 74th Leg., ch. 165, Sec. 1, eff. Sept. 1, 1995. Amended by Acts 1997, 75th Leg., ch. 1423, Sec. 18.06, eff. Sept. 1, 1997.

Amended by:

Acts 2009, 81st Leg., R.S., Ch. 1146 (H.B. [2730](#)), Sec. 15A.01, eff. September 1, 2009.

Acts 2013, 83rd Leg., R.S., Ch. 153 (S.B. [181](#)), Sec. 1, eff. May 24, 2013.

Acts 2017, 85th Leg., R.S., Ch. 399 (S.B. [1187](#)), Sec. 1, eff. June 1, 2017.

Acts 2023, 88th Leg., R.S., Ch. 709 (H.B. [2190](#)), Sec. 66, eff. September 1, 2023.

Acts 2023, 88th Leg., R.S., Ch. 765 (H.B. [4504](#)), Sec. 2.177, eff. January 1, 2025.

§ 601.007. APPLICABILITY OF CHAPTER TO GOVERNMENT VEHICLES.

(a) This chapter does not apply to a government vehicle.

(b) The provisions of this chapter do not apply to an officer, agent, or employee of the United States, this state, or a political subdivision of this state while operating a government vehicle in the course of that person's employment.

(c) The provisions of this chapter, other than Section [601.054](#), do not apply to a motor vehicle that is subject to Chapter [643](#).

(d) In this section, "government vehicle" means a motor vehicle owned by the United States, this state, or a political subdivision of this state.

Acts 1995, 74th Leg., ch. 165, Sec. 1, eff. Sept. 1, 1995. Amended by Acts 1997, 75th Leg., ch. 165, Sec. 30.126(a), eff. Sept. 1, 1997.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 533 (S.B. [312](#)), Sec. 51, eff. September 1, 2017.