

Employees required to use their personal vehicle for School District business purposes **more than six (6) days** in a calendar month, excluding travel to and from work, must have **Business Use** automobile insurance coverage per ICBC guidelines (ICBC category 007). The School District will reimburse employees for the cost to upgrade their vehicle insurance coverage, subject to the following conditions:

- Employees must first discuss the situation with their supervisor to confirm the expectations for using their personal vehicle for school district business more than six (6) days per calendar month. Supervisor pre-approval is required before proceeding to the next steps.
- The attached **Employee Business Auto Insurance Reimbursement** form must be completed by an Autoplan Insurance Agent, and submitted by the employee to their school principal or department manager, who is acknowledging and recommending the employee request by signing off.
- Final approval will be determined by an authorized School District official.
- The reimbursement will be based on the incremental cost difference in upgrading to **Business Use** insurance (ICBC category 007) from **Pleasure To/From Work** insurance (ICBC category 002/003).
- The reimbursement will not apply to any difference in premiums related to Third Party Liability coverage, as the Schools Protection Plan provides coverage in excess of the employee's existing Third Party Liability coverage when the vehicle is being used for School District purposes.
- A copy of the new insurance certificate verifying **Business Use** coverage must be included with the reimbursement claim.
- If the employee leaves the School District during the year, reimbursement costs may be recovered on a pro-rated basis.
- It is important to be aware that although the School District is only reimbursing costs related to differences in basic insurance coverage, this does not preclude an employee from ensuring they have the optimal auto insurance coverage for their personal situation. It is the employee's responsibility to ensure they consult with their Insurance Agent to make sure they have the appropriate coverage in place to meet their needs personally and professionally. For example, while the School District does not reimburse an employee for more than the basic Third Party Liability coverage that ICBC provides (due to School Protection Plan coverage), it would likely be prudent for the employee to have additional Third Party Liability coverage based on a discussion with their Autoplan Agent.

Employee Business Auto Insurance Reimbursement



| | | | |
|----------------|--|-----------------------|--|
| Employee Name: | | Employee Number: | |
| Position: | | Home Phone: | |
| Work Location: | | Vehicle Make/Model: | |
| Home Address: | | License Plate Number: | |

TO INSURANCE AGENT: Please indicate below the difference in premium for Class 007 insurance compared to Class 002/003 insurance (assume employee drives to work regularly, and distance from home to work determines class 002 or 003). Please base the comparison on the following:

- Basic Autoplan Third Party Liability (TPL) coverage (\$200,000)
- Employee selected deductible for collision and comprehensive coverage
- No additional optional coverages or discounts

| PLAN COMPARISON: (To be completed by Insurance Agent) | Class 007 (Business) | Class 002/003 (To/From Work) |
|---|--------------------------------|--|
| Basic coverage (with basic TPL) | \$ _____ | \$ _____ |
| Collision coverage (\$____ deductible) | \$ _____ | \$ _____ |
| Comprehensive coverage (\$____ deductible) | \$ _____ | \$ _____ |
| Total | \$ _____ (A) | \$ _____ (B) |
| Insurance Reimbursement Claimed | \$ _____ (A – B) | |

* Other optional coverage and discounts that may be applicable to the employee are not included in this claim reimbursement worksheet since they do not result in any cost difference between the rate classes.

Signature & Name of Insurance Agent Agency Date

Signature and Name of Employee Signature & Name of Principal / Manager

Please submit this form, along with a copy of your upgraded ICBC insurance policy, to your supervisor for approval

| | | |
|--|---------------|----------------|
| School District Approval: | | |
| _____ District Authorized Signature | _____ Name | _____ Title |
| Account Code: 01-4-41-343-720-900 | | |