

Employee Business Auto Reimbursement Form



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	_____	
Insurance Reimbursement Claimed	_____	

* 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: 01-441-343-720-900