Insurance Upgrade To Business Employees' Vehicles

SCHOOL DISTRICT NO. 34 (ABBOTSFORD)

I.C.B.C. GUIDLINES **state that all employees whose job description requires them to travel must have Business Insurance.** The guidelines also state that employees who have insured vehicles for *'to and from work' (Class 002 or 003)* may use their vehicle six (6) days per month for *'business use'*, without upgrading to business insurance. Employees who have insured their vehicles for *'Pleasure Only' (Class 001*) may use their vehicle six (6) days per month to travel *'to and from work'* or for *'business use'*, but not both, without upgrading to business insurance. **NOTE:** The school district has purchased a special policy that provides coverage for employees for business use over and above the 6 times per month permitted under class 002 or 003, provided the total business use does not exceed 1,600 kilometres in the year

SD#34 ELIGIBILITY**:** Please note employees are eligible to claim for the added cost of *Business Insurance*, if they travel more than six (6) days per month on School District Business, and more than 1,600 km in the year. The District will only reimburse the employee for the difference between what they would normally pay for insurance and the upgrade to business.

Employee Name	Work Location/Department	Employee Number
_____	_____	_____

TO INSURANCE AGENT: Please indicate below what the difference in premium would be if the employee were to insure for $1,000,000 PL/PD only when increasing his/her insurance *from Class 002 or 003* to *Class 007 unlimited business* use.

School District No.34 (Abbotsford) **WILL NOT** reimburse the premium increase if the employee wishes to increase the PL/PD to more than $1,000,000, or for secondary drivers with less than 10 years driving experience.

Business Insurance purchased effective from _____ to _____

	Class 002 / 003 (To/From Work)	**Class 007** (Business)
Basic - **I.C.B.C.** with $200,000 PL/PD	$_____	$ _____
Additional PL/PD Coverage - Limit to $ 1,000,000 (Coverage over $1,000,000 is not reimbursable by the School District)	_____	_____
Under-insured Motor Protection	_____	_____
Deductibles: _____ Collision	_____	_____
_____ Comprehensive	_____	_____
Less Safe Driver Discount _____%	(_____)	(_____)
Less Premium increase for secondary drivers with less than 10 years driving experience	(_____)	(_____)
Total Cost:	B _____	A _____

DIFFERENCE (A-B) **TOTAL CLAIM:** (Maximum $200 per year)

(Claim will be reimbursed through payroll)

_____
SIGNATURE OF CLAIMANT

This is to certify that the above named employee of S.D. No.34 (Abbotsford) has obtained Business Insurance that provides for unlimited business use and other factors as indicated above.

_____
PRINCIPAL'S SIGNATURE

_____
INSURANCE AGENT'S VERIFICATION
(Stamp or Signature)

Approval: _____
DIRECTOR OF FINANCE

For SBO Use: Account Code _____