AP 411-1 Insurance Upgrade to Business

I.C.B.C. Regulations mandate **that all employees whose position requires them to use their personal vehicles for school district business travel must have Business Insurance.**

Abbotsford School District Eligibility: Please note employees are eligible to claim for the added cost of upgrading to Business Insurance, if they travel more than six (6) days per month on school district business. The District will only reimburse the employee for the difference between what they would normally pay for To and From Work insurance and the upgrade to Business. The District will not reimburse for any update to the Additional PL/PD Coverage beyond $1,000,000.

To apply for reimbursement, please have your insurance agent complete the section below. Be sure to include a copy of your confirmation of payment.

_____ _____ _____

Employee Name | Work Location/Department | Employee Number

Employee Address: _____

TO INSURANCE AGENT: Please indicate below the difference in premium for the employee to insure for $1,000,000 PL/PD only when increasing his/her insurance *from To and From Work insurance to unlimited business use.*

The Abbotsford School District **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 _____

	(To/From Work)	(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:** [ ]

(Claim will be reimbursed through payroll)

This is to certify that the above named employee of the Abbotsford School District has obtained Business Insurance that provides for unlimited business use and other factors as indicated above.

_____

SIGNATURE OF CLAIMANT

_____ _____

PRINCIPAL'S SIGNATURE | INSURANCE AGENT'S VERIFICATION (Stamp or Signature)

Approval: _____

Secretary – Treasurer (or designate) For SBO Use: Account Code _____