AP 411-1 Insurance Upgrade to Business

I.C.B.C. Guidelines **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.

Abbotsford School District 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.

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 _____

	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)

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: _____

DIRECTOR OF FINANCE

For SBO Use: Account Code _____

NOTE: Payments made under this claim form are considered to be taxable benefits and will be included on the employee's annual T4, per requirements from the Canada Revenue Agency.