



## REQUEST FOR REIMBURSEMENT: BUSINESS AUTO INSURANCE

OVER 6 DAYS/MTH BUSINESS TRAVEL <b>DURING</b> WORKDAY (Don't count commuting from home to your work site)	<b>YES</b> <input type="checkbox"/> (Complete form below)	<b>NO</b> <input type="checkbox"/> (Business Class insurance NOT needed, DO NOT complete form)
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NAME		POSITION	
HOME PHONE		LOCATION	
VEHICLE TYPE			
PLATE #			
INSURANCE POLICY #			

COVERAGE	VEHICLE USE TO/FROM WORK	VEHICLE USE BUSINESS CLASS	COST DIFFERENCE BETWEEN REGULAR AND BUSINESS (This increase in cost is covered by WV Schools.)
BASIC			
EXTENDED LIABILITY			
COLLISION			
COMPREHENSIVE			
OTHER			
<b>TOTAL</b>			

### FOR USE BY INSURANCE AGENT

AGENCY: _____ REPRESENTATIVE: _____ DATE: _____
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As per Administrative Procedure 512.5.2, please attach this completed request form together with a copy of your upgraded ICBC insurance policy to your supervisor for approval.

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_