



REQUEST FOR REIMBURSEMENT: BUSINESS AUTO INSURANCE

NAME		POSITION	
HOME PHONE		LOCATION	
#DAYS/MONTH BUSINESS TRAVEL		VEHICLE TYPE	
PLATE #		INSURANCE POLICY #	

COVERAGE	TO WORK UNDER 15KM	TO WORK OVER 15KM	BUSINESS
BASIC LIABILITY COST			
UNINSURED MOTORIST PROTECTION			
COLLISION DEDUCTIBLE			
OTHER COVERAGE/FEES			
GROSS ANNUAL PREMIUM			
LESS: DISCOUNT			
NET ANNUAL PREMIUM			
TOTAL ANNUAL DIFFERENCE			

FOR USE BY INSURANCE AGENT

AGENCY: _____

REPRESENTATIVE: _____

DATE: _____

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:
