



SCHOOL DISTRICT NO. 36 (SURREY)
BUSINESS USE VEHICLE INSURANCE REIMBURSEMENT

VENDOR#: EM

INV#: MIBI

<i>(Risk Management Services Use Only)</i>
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You **MUST** complete and submit this application to the Risk Management Services Department (Courier #473) **WITH** the following attachments:

- Your Certificate of Insurance (all pages) indicating that *business use* rated insurance was purchased.
- Declaration by the insurance agent showing the difference between *to and from work rated* insurance premium and *business use* rated insurance premium (see back for Declaration).

Name:	Date of Application:
Employee No.:	
School/Department:	
Work Telephone:	Local:

Reason For Business Use Rated Insurance (travel in excess of 1600 km):

Amount Claimed (maximums apply) \$

Please Sign Below:

Employee:	Date:
Principal/Manager:	Date:

RISK MANAGEMENT SERVICES USE ONLY

Total Kilometers Reimbursed In Past Twelve (12) Months	
End date covered by last reimbursement:	
Reference:	
Approval:	Date:
Budget Account <u> </u> - <u> </u> -3420- <u> </u> - <u> </u>	Amount: \$



**SCHOOL DISTRICT NO. 36 (SURREY)
INSURANCE AGENT'S DECLARATION OF DIFFERENCE
BETWEEN COST OF TO AND FROM WORK AND BUSINESS
USE COVERAGE:**

(Where your Insurance Agent has a similar document providing this information,
it can be accepted when making this claim.)

Owner's Name: _____

"BUSINESS"		"TO AND FROM WORK"	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
Class Rate (circle) 007 / 027		Class Rate (circle) 002 / 022 003 / 023	
3 rd Party Liability		3 rd Party Liability	
Collision		Collision	
Comprehensive		Comprehensive	
Sub Total		Sub Total	
Discount		Discount	
Sub Total		Sub Total	
Licence Fee		Licence Fee	
Total		Total	

Difference: \$ _____

Agency Name: _____

Address: _____

Agent's Signature: _____ Date: _____