

AUTO INSURANCE REIMBURSEMENT

CAROLINA CONFERENCE OF SDA

P. O. Box 560339
Charlotte N.C. 28256-0339

NAME: _____

704-596-3200 Phone ~ Fax 704-887-5750
DATE OF POLICY - Beginning _____

ADDRESS: _____

- Expiration _____

NUMBER OF DRIVING POINTS, *IF ANY: _____

INSURANCE COMPANY: _____

***** **VEHICLES INSURED** *****

<u>NUMBER</u>	<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>PREMIUM</u>
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
Uninsured/Underinsured Coverage				_____
TOTAL				=====

*** **INSURANCE REIMBURSEMENT** ***

<u>%</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
LESS: 25% of Category A	(_____)
NET AMOUNT DUE:	=====

* DRIVING RECORD SURCHARGE POINTS

O TO 2
3
4

ALLOWANCE FACTOR FOR ONE AUTO

100%
90%
75%

ALLOWANCE FACTOR FOR TWO AUTOS

80% OF EACH
72% OF EACH
60% OF EACH

***** **COMPREHENSIVE AND COLLISION DEDUCTIBLE REIMBURSEMENT** *****

In the event of a claim, the first \$50 of the applicable deductible will be paid by the employee, and the remainder will be paid by the Carolina Conference.

	<i>Required Deductible</i>	<i>Employee Portion</i>	<i>Conference Portion</i>
Comprehensive Deductible	\$100.00	(\$50.00)	_____
Collision Deductible	\$500.00	(\$50.00)	_____
Amount Due Employee			=====



Please send the Declaration Page from your insurance packet with your request