

Auto Insurance Assistance

Employee Name: _____

Date: _____

The Ohio Conference of SDA requires these minimum coverages prior to granting assistance for automobile insurance:

Bodily Injury Liability	250/500,000	Comprehensive	500 ded
Property Damage	50,000	Collision (optional)	500 ded
Medical Payments	5,000	Uninsured Motorist	Statutory

Procedure:

1. **Complete** information and sign your name in **Section A**.
2. **Send a copy of your declaration page** (showing all of your coverage) and **proof of payment**. (cancelled check copy or official receipt is acceptable)

SECTION A

Name of Insurance Company: _____

	<u>POLICY PERIOD</u>	<u>Premium Paid</u>
Automobile #1	From: _____ To: _____	\$ _____
Automobile #2	From: _____ To: _____	\$ _____

Is your premium increased because of the driving record of you or your family member? **Yes or No**

A: Number of accidents that you or your family have been cited for in the last 3 years? _____

B: Number of speeding tickets you or your family have received in the last 3 years? _____

C: Number of other vehicle violations you or your family have received in the last 3 years? _____

Signature of Employee _____

SECTION B - OFFICE USE

Less Optional Coverages:

Towing	\$ _____	
Rentals	\$ _____	
_____	\$ _____	\$ _____

Reimbursable Premium or Average premiums for two cars: \$ _____

Multiply by appropriate percentage X _____%

Formula: A _____ x 2 + B _____ x 1 + C _____ x 2 = _____ Total Points

<u>One Auto</u>	<u>Two Autos</u>
0-2 points = 100%	0-2 points = 160%
3 points = 90%	3 points = 144%
4 points = 75%	4 points = 120%

Adjusted Premium Base \$ _____

Less Remuneration Factor (Amount in regular pay for auto insurance) \$ _____

Additional Auto Insurance Assistance \$ _____