

If you need to use your vehicle regularly (more than six trips a month) on TRU business you must let ICBC know that you need the business rate. To apply for reimbursement by TRU for the cost over and above commuter class, please complete the first section of the form with your Director/Dean or their delegate and then ask your insurance agent to complete the table. Send the completed form together with a copy of the receipt for approval and coding to Risk Management Services (insurance-liability@tru.ca) who will forward it to finance to process the payment.

Employee name	De	partment/Facult	y:				
Reason business rate is	s required		Date://20				
Insurance period:	From	/	_/20	То	/	_/20	
Applicant signature:				Date:	/	_/20	
Dean/Director signature	e:			Date:	/	_/20	

	Commuting class premiums	Business Class premiums	Difference between Business and Commuting premiums				
Basic							
Third Party Liability							
Collision (specify deductible)							
Comprehensive (specify deductible)							
Annual Premium							
Drivers Discount							
Net Premium			\$				
Reimbursement requ	ested \$	·					
Completed by Insurar	nce Agency (please	print or stamp)					
Insurance Agent sign	Insurance Agent signature						

Code for Finance:

Fund	Org			Account				Program			Activity				Location							
	-		-				-					-					-					

Approved by Risk Management: _____

Date: ____/20___