

IOWA-MISSOURI CONFERENCE
APPLICATION FOR AUTOMOBILE INSURANCE PREMIUM ASSISTANCE 2021

Worker's Name _____ Date _____

	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Premium Paid</u>	<u>Dates of Coverage</u>
One Car Only	_____	_____	_____	\$ _____	From _____ To _____ () Mos
Car 1 of 2	_____	_____	_____	_____	_____ () Mos
Car 2 of 2	_____	_____	_____	_____	_____ () Mos

TOTAL PREMIUM PAID \$ _____

#Bodily Injury Liability.	250,000 / 500,000
#Property Damage Liability.	50,000
*#Uninsured/Underinsured.	250,000 / 500,000
Medical Payment.	5,000
Comprehensive.	100 Deductible
Collision.	200-500 Deductible

#Optional \$300,000 single limit policy is acceptable

*Uninsured/Underinsured Motorist - \$250,000 (or \$300,000 single limit)

<u>Driving Record</u>	<u>Allowance Factor</u>	<u>Allowance Factor</u>
<u>Surcharge Points</u>	<u>One-Automobile Owner</u>	<u>Two-Automobile Owner</u>
0 to 2	100%	80% each Auto
3	90%	72% each Auto
4	75%	60% each Auto

I currently have _____ surcharge points. _____
Signature

NAD Working Policy X 30 15 "c. The amount of the assistance shall be determined by applying the appropriate factors to the average premiums of two insured automobiles owned by and used primarily by the employee and spouse. Premiums in excess of those typical of standard type cars shall not be considered."

NOTE: Your premium notices MUST BE ATTACHED showing car(s) covered, coverage period, and required coverage amounts. Assistance is calculated on 6-month billing of premiums up to \$500 per vehicle.

FOR OFFICE USE ONLY

Total premium paid (from above) _____

Driving record point allowance factor indicated x _____%

Policy allowance _____

LESS: Amount included in monthly remuneration for insurance:

Annual = \$730.00 Semi-annual = \$365.00

TOTAL DEDUCTIONS (_____)

TOTAL EXCESS DUE EMPLOYEE _____

Approved: _____ Date Approved: _____