School District No. 22 (Vernon)

PROCEDURE

Procedure 2.7.0

Business Insurance Coverage	
Approval Date:	10 May 1978
Amendment Date:	13 November 1990 06 December 2023
References:	Schools Protection Program (bcspp.org) (p. 6)

When an employee is requested to use their own personal vehicle for work, in excess of the limits set down by the Insurance Corporation of British Columbia (ICBC), the School District (SD22) will bear the cost of obtaining Business Insurance coverage for the employee.

SD22 will pay:

a) the cost difference between "To/From Work" coverage and "Business" coverage.

plus

b) the cost difference between the minimum Liability coverage required by law and Liability coverage of $1,000,000.[1]

In the case of damage to an employee's own vehicle while on SD22 business, the School District will reimburse the employee in accordance with British Columbia Schools Protection Program (BCSPP) guidelines.

This procedure does not apply where similar provisions are set out in the Collective Agreement(s).

[1] SD22 does not recommend that employees or volunteers only carry $1,000,000 automobile liability on their vehicles as there are many circumstances where employees or volunteers use their vehicle for other purposes, including personal use. $1,000,000 is the minimum legal requirement.

BUSINESS USE INSURANCE COVERAGE REIMBURSEMENT SCHOOL DISTRICT NO. 22 (VERNON)

Employee Name: _____ Date: _____

Employee Address: _____ School: _____

Employee Phone #: _____

If a vehicle is used more than 6 times for work-related travel, the vehicle must be authorized (by the insurance agent) for business. In the event that the vehicle is not authorized, and the driver is requested to authorize it, the District will pay the difference between non-business use authorized insurance and business use authorized insurance

_____ _____

Signature of Employee Date

TO BE COMPLETED BY AUTOPLAN AGENT:

TO/FROM WORK/SCHOOL WITHIN 15KMS vs. BUSINESS RATE

RATE TO/FROM WORK Within 15kms		BUSINESS RATE	
BASIC:		BASIC:	
$___ M Liability:		$___ M Liability:	
Collision:		Collision:	
Comprehensive:		Comprehensive:	
SPEC. PERILS:		SPEC. PERILS:	
Total		Total	

Difference: _____

_____ _____

Agent Signature Date

Agent Stamp: