

**New York Conference of SDA
Auto Insurance Assistance
Request Form**

Name _____ Date _____

Premium Period: From _____ To _____

Insurance Company _____

Total Premium for Eligible Vehicles: (Please attach a copy of your premium notice to this form.)

	Year	Model	Premium
Vehicle #1	_____	_____	_____
Vehicle #2	_____	_____	_____
	Total Premium Paid		_____
	Total Premium x 50% = Average Premium		_____

Allowance Factor Information

Driving Record Points	Allowance Factors		Applicable Allowance Factor _____%
	One Car	Two Car	
A) 0-2 ()	100%	160%	Reportable Premium Expense _____ (Average Premium x Allowance Factor)
B) 3 ()	90%	144%	
C) 4+ ()	75%	120%	

Automobile Insurance Requirements

Bodily Injury Liability	\$250,000/500,000 Optional \$300,000 single limit is acceptable
Property Damage Liability	50,000
Medical Payments	5,000
Comprehensive	100 Deductible
Collision	500 Deductible
Uninsured Motorist	Statutory

Important Reminders: The amount of assistance shall be determined by applying the appropriate factor to the average of two insured automobiles owned by and used primarily by the employee and spouse. Excessive premiums over those typical of standard vehicles shall not be considered.

For Treasury Use Only:

Reportable Premium exp _____
Less Package Allowance _____
Net Auto Insurance allowance _____