

Northern California Conference

Automobile Insurance Assistance Application Form
(Required every time you renew your Auto Insurance)

Read NCC's Auto Insurance Assistance Plan Policy. You must meet the required minimum listed. Attach your insurance Declaration showing proof of coverage per vehicle, who is covered and the effective dates of coverage.

Name: _____ Assigned Entity(ies): _____

Mark with an "X" the Category(ies) that apply to the insured driver(s) in your household:

- No dependent children listed on your insurance policy.
- Dependent female driver (ages 16-24) listed on your insurance policy.
- Dependent male driver (ages 16-24) listed on your insurance policy.

Number of vehicles in household: _____

Identify the 2 vehicles (if applicable) primarily used by the employee and spouse.

Make, Model & Year Vehicle #1 _____

Make, Model & Year Vehicle #2 _____

Immediately report to HR any changes which may include any of the following: adding dependent drivers, removing dependent drivers, change in job assignment, and removing or adding vehicles listed above.

Employee Signature: _____ Date: _____

Don't forget to include your auto insurance documentation. Thank you.

FOR OFFICE USE ONLY

Group # _____

Policy Dates: _____

Class # _____

Date: _____

of Autos _____

Semi-Monthly Allowance: _____