

# Car Insurance Differential

Employee Name: \_\_\_\_\_

Please provide the following information the above named employee:

	To and From Work (under 15km) (rate class 003)	Business Use (rate class 007)
Basic Insurance	_____	_____
3 <sup>rd</sup> Party Liability	_____	_____
Collision Deductible \$_____	_____	_____
Comprehensive Deductible \$_____	_____	_____
Other \$_____	_____	_____
Gross Annual Premium	_____	_____
Less Discount (40%)	_____	_____
Net Annual Premium	_____	_____
 Total Annual Difference	_____	

Per: \_\_\_\_\_  
Insurance Agent

Date: \_\_\_\_\_

Note:

Please provide the breakdown for "To and From Work Under 15km" category 003 for regular insurance.