



**POTOMAC CONFERENCE CORPORATION**

**Human Resources**

606 Greenville Avenue, Staunton, VA 24401

Office (540) 886-0771 | Fax (540) 904-0722

http://www.pcsda.org

**AUTOMOBILE INSURANCE  
REIMBURSEMENT**

Current Date \_\_\_\_\_

Policyholder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Insurance Policy Dates: From \_\_\_\_\_ To \_\_\_\_\_

**PREMIUM BY VEHICLE:**

First _____	\$ _____
Make                      Model	
Second _____	\$ _____
Make                      Model	
	TOTAL                      \$ _____

The above premium reflects \_\_\_\_\_ surcharge points used by the insurance company to increase the above premium due to driving and/or accident record. PLEASE ATTACH AN INVOICE FROM YOUR INSURANCE COMPANY SHOWING THE REQUIRED COVERAGE.

**Coverage as required by Potomac Conference listed below:**

Bodily Injury Liability	\$250,000/500,000
Property Damage Liability	\$50,000
Medical Payments	\$5,000
Comprehensive	\$100 Deductible
Collision	\$500 Deductible
Uninsured Motorist	Statutory Requirements

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**FOR OFFICE USE ONLY**

Total Premiums = \_\_\_\_\_  
X \_\_\_\_\_ %

Less Deductible  
Per Policy \_\_\_\_\_  
= \_\_\_\_\_

TOTAL TO BE REIMBURSED \_\_\_\_\_ \$ \_\_\_\_\_