***Valid as of 1/1/24*** **New Jersey Conference of SDA**

**Auto Insurance Subsidy Request Application**

(Pastors, Departmental & Administrative Staff)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emp. #\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Automobile #1***

Make\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Driver of Vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coverage From: \_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Premium for ONE year: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for six months: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Automobile #2***

Make\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Driver of Vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coverage From: \_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Premium for ONE year: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Six months: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Subsidy is granted on a six-month basis***. Surcharges deducted before subsidy is calculated.

**Please attach a copy of the COMPLETE policy to this request form**. Estimates and/or quotes are not acceptable. The vehicle(s) covered by this subsidy must be driven primarily by the employee and/or spouse. Premiums in excess of those typical of standard type cars shall not be considered. **To qualify for subsidy, vehicles(s) MUST carry coverage limits specified below.**

***Policy Specification (NADWP Y 29 15 3):***

- Bodily Injury: $250,000/$500,000, or a $300,000 single limit policy

- Property Damage: $50,000 \* Medical Payments: $5,000

- Collision Deductible: $500 (If current value of car is less than $1000, waive collision coverage)

- Comprehensive Deductible $100 \* Uninsured Motorist: Statutory

(In case of collision or comprehensive damage, the employee pays the first $50.00 of the deductible: the NJ Conference subsidizes the balance). If you choose to carry a higher deductible; then your reimbursement will be based on the suggested deductible.

This form replaces all previous ones. Subsidy is subject to change.

Please do not write below - For Office use only

(0ne Auto) (Two Autos)

Total premium for 6 months $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

80% of 6 months premium $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deductible: 16.5% of Wage Factor ($434.00) ($434.00)

***Allowance for 6 months***: $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DI- 10210)

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_