

APPLICATION FOR REIMBURSEMENT FOR NON-OWNED
AUTOMOBILE COVERAGE

NAME _____ WSS UNIT ASSIGNMENT _____
MAILING ADDRESS _____ JOB TITLE _____
_____ TEXAS DRIVER'S LICENSE # _____
INSURANCE AGENCY _____ INSURANCE CO. _____
_____ AGENCY ADDRESS _____

POLICY # _____
POLICY DATE FROM _____ TO _____
SEMI-ANNUAL
RIDER # (IF ANY) _____ RIDER COST \$ _____

CERTIFICATION

I, _____, DO HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I HAVE PURCHASED AND PAID THE PREMIUM FOR A 511 RIDER OF AUTOMOBILE RULE 99 FOR NON-OWNED AUTOMOBILE COVERAGE. I FURTHER CERTIFY THAT THE 511 RIDER OF AUTOMOBILE RULE 99 IS IN FULL FORCE AND EFFECT.

DATE _____

SIGNATURE _____

ADMINISTRATIVE OFFICER APPROVAL _____ DATE _____

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