

Garage Vehicle Certificate Declaration of Employees Worksheet

NAME OF INSURED	GARAGE VEHICLE CERTIFICATE NUMBER

Employee Categories (Note: part-time employees count the same as full-time employees.)

- (A) Proprietors, partners, officers, managers, and salespersons; plus all employees whose duties consist principally of the operation of vehicles.
- (B) Clerical office employees including self service cashiers.
- (C) All other employees not in class (A) or (B) (e.g., mechanics, body shop and parts people, etc.)

Total Number of Persons Employed by the Insured

Insert the number of employees per month in each category, and total per month all categories, for the 12 consecutive months ending not more than 93 days prior to the effective date of this policy.

	1 MONTH/YEAR	2 CATEGORY A (AS ABOVE)	3 CATEGORY B (AS ABOVE)	4 CATEGORY C (AS ABOVE)	5 TOTAL OF 2, 3 & 4	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Totals						
Averages						

This worksheet is provided as a courtesy. Use of this worksheet is at your own risk, and is not mandatory. This worksheet is not an application for insurance and does not bind ICBC coverage.

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