

# Vehicle Change Request Form



**\*MUST HAVE THIS INFORMATION**

**Please complete this insurance form BEFORE you drive your new vehicle and return it to Mary Beth Townsley, Risk Management ML 7211 or fax x2092 .**

\* Date you acquired New Vehicle: \_\_\_\_\_

**\* PLEASE CIRCLE:**

Xavier owned   Xavier leased   courtesy car  
personal use?   YES   NO

**Add New Vehicle to Insurance Listing:**

\* Year \_\_\_\_\_  
\* Manufacturer \_\_\_\_\_  
\* Model \_\_\_\_\_  
\* Serial Number \_\_\_\_\_  
\* Manufacturer's Suggested  
\* Retail Price (MSRP) \_\_\_\_\_  
\* Leinholder \_\_\_\_\_  
Odometer Reading \_\_\_\_\_  
Car Dealership \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Dealership Telephone \_\_\_\_\_  
\* Principal Driver \_\_\_\_\_

**Remove Old Vehicle from Insurance Listing:**

\* Year \_\_\_\_\_  
\* Manufacturer \_\_\_\_\_  
\* Model \_\_\_\_\_  
\* Serial Number \_\_\_\_\_  
Manufacturer's Suggested  
Retail Price (MSRP) \_\_\_\_\_  
Leinholder \_\_\_\_\_  
Odometer Reading \_\_\_\_\_  
Car Dealership \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Dealership Telephone \_\_\_\_\_  
Principal Driver \_\_\_\_\_

Submitted by (signature) \_\_\_\_\_ Date: \_\_\_\_\_