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: ____________________________

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: ________

revised Sep 2006 SUBMITTED BY ____________________________ DATE ________