



Auto Add, Change, Delete Form

Account #: _____

Member Name: _____

Contact Person: _____ Phone: _____

Effective Date: _____ Fax: _____

Actual Owner: _____

Please select one of the following:

ADDITION _____ **CHANGE ITEM #** _____ **DELETE ITEM #** _____

Deductibles: \$500 – (1 ton or less) \$1,000 - (over 1 ton)

Year: _____ Make: _____

Model: _____ Serial Number: _____

Your unit number: _____ Purchase price: _____

What is the vehicle used for? _____

(Patrol car, running errands, gravel hauling, etc.)

Which department uses this unit? _____

If bus, how many seats? _____

Add to heavy equip policy for physical damage

(Emergency vehicles and Trailers only)

YES NO

	Contract Bus Operator	Lien Holder Name & Address
CBO #	_____	_____
Name	_____	_____
Address	_____	_____
Phone Number	_____	_____
Fax Number	_____	_____

*****Please supply a copy of the bill of sale with this form*****