



Changes to Vehicle Schedule

County/Entity Name (required):					
Effective Date of Change (required):					
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change coverage on existing (already on schedule)					
<input type="checkbox"/> Liability & Physical Damage <input type="checkbox"/> Liability Only					
Year	Manufacturer/Make	Model	No.* of Passengers	VIN - Vehicle Identification No.	For Ambulances and Fire Trucks ONLY**
* If this is a passenger transportation vehicle, please provide the number of passengers ** If Replacement Cost coverage is desired, please indicate the Replacement Cost of the vehicle being added.					
Department Name:					
Certificate of Insurance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loss Payee/Lien Holder Contract or Lease Number:					
Bank/Financial Institution Name (as it should appear on the COI):					
Mailing Address:					
Email Address:					
Fax Number:					

