



DIOCESE OF PATERSON

SELF INSURANCE PROGRAM

AUTOMOBILE INSURANCE ID REQUEST FORM

SEND TO: Arthur J. Gallagher Risk Management

Attn: Religious Team

Fax: 305-592-4049

1-800-488-3003

Requested by and contact information: _____

LOCATION NUMBER: _____

Name of Location (Parish, School or Agency) that is paying for this insurance: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Effective Date of Insurance: _____

_____ **ADD** OR _____ **DELETE** (Use a separate form for each change)

Is Vehicle: PURCHASED _____ FINANCED: _____ LEASED: _____

VEHICLE INFORMATION:

VEHICLE YEAR: _____ MAKE _____

MODEL: _____ VIN _____

VEHICLE REGISTRATION TO or OWNED BY (Who or what organization will appear on the ID Card):

Mailing Address: _____

LIEN HOLDER: _____

Mailing Address of Lien Holder: _____

You may fill out this form and email it to: Ampy_Jimenez@AJG.com