

VEHICLE CHANGE FORM
This report will (check one):

_____ Add a Purchased/Donated Vehicle
(See I. Below)

_____ Change or Correct Coverage on a
Covered Vehicle (See III. Other Side)

_____ Delete a Sold Vehicle
(See II. Below)

_____ Transfer A Covered Vehicle to Another
Diocesan Location (See IV. Other Side)

PARISH/AGENCY _____
ADDRESS _____

REPORTED BY _____
TELEPHONE NO. () _____

FAX #: _____

DATE REPORTED _____

ALL VEHICLE CHANGES MUST BE REPORTED IN WRITING WITHIN 30 DAYS

SEND THIS COMPLETED FORM TO:

Jesus Aguayo Cerda Jesus_AguayoCerde@aig.com

Arthur J. Gallagher Risk Management Services LLC

I. ADDING A VEHICLE

NOTE: Insurance ID Cards for New Vehicles are available from the Chancery Office.

Newly acquired vehicles are automatically covered for only 30 days. Send this report to our administrator immediately to assure continuous coverage.

Liability, Medical Payments & Uninsured Motorist coverage automatically covered for all owned vehicles.

II. DELETING A VEHICLE

NOTE: Deleted vehicle refunds cannot be backdated. If the Administrator is notified over 30 days from the sale date, the change will be made effective on the 1st of the month in which the written notice is received.

1. Year _____
2. Make/Model _____
3. Vehicle I.D. # _____
4. The Date Sold _____

ADDITIONAL COVERAGE TO BE PROVIDED

Circle the Physical Damage Coverage Required for the New Vehicle

- A. Full Coverage (Comprehensive & Collision)
B. Comprehensive Coverage Only (Fire & Theft)
C. No Coverage

COMPLETE THE FOLLOWING:

1. Year _____
2. Make/Model _____
3. Circle One Body Type Please
Sedan Coupe Station Wagon Pickup
Van bus Truck Trailer
4. The vehicle I.D. # is? _____
5. The Purchase Price was \$ _____
6. The Purchase Date was _____
7. The Vehicle was Purchased ☐ New or ☐ Used
8. The Vehicle is Garaged at:
☐ Church ☐ School ☐ Other _____
Address: _____
9. Name, Date of Birth, Drivers License Number of Vehicle Operator(s): _____

10. Is this a leased vehicle:
If yes, complete the following:

Lessor's Name _____
Address _____

11. Is there a Loss Payee?
If yes, complete the following:

Loss Payee _____
Address _____

Loan No. _____

12. If this is a Truck/Pickup:

Gross Vehicle Weight _____
Use _____

13. If this is a Van or Bus:

Passenger Capacity _____
Use _____

VEHICLE CHANGE FORM – Page 2

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(See I. Other Side)

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Covered Vehicle (See III. Below)

_____ Delete a Sold Vehicle
(See II. Other Side)

_____ Transfer A Covered Vehicle to Another
Diocesan Location (See IV. Below)

PARISH/AGENCY _____
ADDRESS _____

REPORTED BY _____
TELEPHONE NO. () _____

FAX #: _____

DATE REPORTED _____

ALL VEHICLE CHANGES MUST BE REPORTED IN WRITING WITHIN 30 DAYS

SEND THIS COMPLETED FORM TO:

Jesus Aguayo Cerda Jesus_AguayoCerde@ajg.com

ARTHUR J. GALLAGHER RISK MANAGEMENT INSURANCE, LLC

III. CHANGING A VEHICLE

NOTE: Use for changing or correcting information about
coverage or vehicle data on a **"currently covered"**
vehicle.

This change / correction is for vehicle:

Description: _____

At location name / address: _____

Effective Date of Change:

(check and complete only those which apply.)

1. Change of Physical Damage coverage

_____ Delete Collision coverage

_____ Add Collision Coverage

_____ Delete Comprehensive

_____ (Fire & Theft Coverage)

_____ Add Comprehensive

_____ (Fire & Theft Coverage)

2. Description or Vehicle information to be corrected

Vehicle I.D. # should be: _____

_____ Correct year is: _____

_____ Make/Model should be: _____

_____ Other: Describe _____

3. Add Loss Payee:

Name: _____

Address: _____

Loan #: _____

4. Delete Loss Payee:

Name: _____

Loss #: _____

5. Other Describe _____

IV. TRANSFER A VEHICLE

NOTE: Use this section to internally transfer a
covered vehicle from one of your locations to
another of your locations.

Description _____

Vehicle I.D. # _____

1. Previous garage location:

Name: _____

Address: _____

2. Transfer to new garage location at:

Name: _____

Address: _____

3. Effective date of transfer: _____

4. Name, Date of birth, Drivers' License Number of
New Vehicle Operator(s): _____