

VEHICLE CHANGE FORM

This report will (check one):

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

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

ARTHUR J. GALLAGHER & CO. INSURANCE BROKERS OF CALIFORNIA, INC.
P.O. BOX 7443
SAN FRANCISCO, CA 94120-7443

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 (Circle)
8. The Vehicle is Garaged at:
Church _____ School _____ Other _____
Address: _____

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 _____

9. Name, Date of Birth, Drivers License Number of Vehicle Operator(s): _____

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(See I.. Other Side)

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

_____ Transfer A Covered Vehicle to
Another

_____ Diocesan Location (See IV. Below)

PARISH/AGENCY _____
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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: _____

Loan #: _____

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): _____