The Diocese of Tucson

Auto Endorsement Change Request

All vehicle changes must be reported within 30 days in writing and sent to:

Property and Insurance Office
P.O. Box 31
Tucson, Arizona 85702-0031
Email: liza@diocesetucson.org

Parish/Priest/Organization:
__________________________________________________________

Address:
_____________________________________________________________________________

Effective Date:
_____________________________________________________________________________

☐ Adding a Vehicle

Year: ____________ Make: _______________________ Model: _______________________

Vin: #________________________________________________________________________

Lien Holder: __________________________________________________________________

Name of Loan Institution: ____________________________ Attention: ___________________

Mailing Address: __________________________________________________________________

City: ____________________________ State: ____________________________ Zip Code: __________

Amount Invoiced: $____________________

☐ Deleting a Vehicle

Year: ____________ Make: _______________________ Model: _______________________

Vin: #________________________________________________________________________

Amount Credited: $____________________

☐ Transferring a Vehicle

(Use this section to internally transfer a covered vehicle from one of your locations to another of your locations)

Year: ____________ Make: _______________________ Model: _______________________

Vin: #________________________________________________________________________

Previous Location: __________________________________________________________

Mailing Address: __________________________________________________________________

City: ____________________________ State: ____________________________ Zip Code: __________

New Location: _______________________________________________________________

Mailing Address: __________________________________________________________________

City: ____________________________ State: ____________________________ Zip Code: __________

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