

**DIOCESE OF SANTA ROSA
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:**

ORIGINAL TO:

**CATHOLIC MUTUAL GROUP
ATTN: Emmy Torson
10843 OLD MILL ROAD
OMAHA, NE 68154-2600
Fax:(402) 551-2943**

COPY TO:

**DIOCESE OF SANTA ROSA
ATT: Kelly Righetti
PO BOX 1297
SANTA ROSA, CA 95402**

I. ADDING A VEHICLE

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 is automatically covered for all owned vehicles.

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. Model Year _____
 2. Make & Model _____
 3. Body Type (Circle one)
Sedan Coupe Station Wagon Pickup
Van Bus Truck Trailer
 4. a. Vehicle Id. No. _____
b. Vehicle License Plate _____
 5. Purchase Price \$ _____
 6. Date Acquired: _____
 7. Vehicle Purchased New or Used or Donated (Circle one)
 8. Vehicle is Garaged at:
Church _____ School _____ Other _____
- Address: _____

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.

Date Sold _____
Model Year _____
VIN _____
License # _____
Make/Model _____

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 _____

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): _____

KEEP A PHOTOCOPY OF THIS REQUEST FORM FOR YOUR FILE

DIOCESE OF SANTA ROSA
VEHICLE CHANGE FORM - Page 2

This report will (check one):

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

_____ Change or Correct Coverage on a
Covered Vehicle (See III. Below)
_____ Transfer A Covered Vehicle to Another
Diocesan Location (See IV. Below)

PARISH/AGENCY _____
ADDRESS _____

REPORTED BY Kelly Righetti
TELEPHONE NO. (707) 566-3373
FAX #: (707)-542-9702
DATE REPORTED _____

**ALL VEHICLE CHANGES MUST BE REPORTED IN WRITING WITHIN 30 DAYS
SEND THIS COMPLETED FORM TO:**

ORIGINAL TO:

**CATHOLIC MUTUAL GROUP
ATTN: Emmy Torson
10843 OLD MILL ROAD
OMAHA, NE 68154-2600
Fax:(402) 551-2943**

COPY TO:

**DIOCESE OF SANTA ROSA
ATTN: Kelly Righetti
PO BOX 1297
SANTA ROSA, CA 95402**

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.

This transfer is for vehicle:

Description _____

Vehicle I.D.# _____

Date originally added to policy:

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 Operations(s): _____

