

**DIOCESE OF SACRAMENTO  
VEHICLE CHANGE FORM**

This report will (check one):

\_\_\_\_\_ Add a Purchased/Donated Vehicle

\_\_\_\_\_ Delete a Sold Vehicle

\_\_\_\_\_ Change or Correct Coverage on a Covered Vehicle

\_\_\_\_\_ Transfer A Covered Vehicle to Another Diocesan Location

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

Fax (415)-536-8499

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 1<sup>st</sup> 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  
VanBus          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: \_\_\_\_\_
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 \_\_\_\_\_

**(KEEP A PHOTOCOPY OF THIS REQUEST FORM FOR YOUR FILE)**