



Input boxes for Add Vehicle, Change Vehicle/Equipment, Delete Vehicle

Do you want Auto Liability Coverage on this vehicle? Yes No

VEHICLE INFORMATION:

Fire Department Name: _____

Mailing Address: _____ City: _____ County: _____ Zip Code: _____

Year: _____ Make: _____ Model: _____ VIN (last 4): _____ Tag # _____

Type: Pumper Tanker Grass Rig Rescue Other: _____

Lien Holder? No, Yes - the bank's name & address: _____

Vehicle physical location:

IF YOU ARE DELETING A VEHICLE, STOP HERE

VEHICLE VALUES: Fire vehicles should be valued at replacement cost if they are less than 10 years old. Fire vehicles should be valued at Actual Cash Value (ACV) if they are 6 years or older.

Table with 2 columns: Value (\$), Description (Vehicle Value, Equipment Value, Adjusted Vehicle Amount, Loose Equipment Value, TOTAL: Vehicle + Equipment)

AUTHORIZATION:

By signing this form, I am attesting that the vehicle and/or equipment listed herein are used by the Fire Department to perform their mission in the community. No personally owned property can be insured through this program. I understand that the Fire Department must provide documentation of ownership for the vehicle and equipment detail during a claims process by proof of purchase, pictures, etc.

Signature Date Printed Name of Signer Title of Signer

Contact Person (please print): Contact Person Title:

Email Address: Daytime Phone Number:

Return to:

RISK MANAGEMENT, P. O. BOX 53364, OKLAHOMA CITY, OK 73152-3364
FAX: (405) 522-4442 EMAIL: fdip@omes.ok.gov
Contact Phone (405) 521-4999 or (888) 521-7475