



OKLAHOMA
Office of Management
& Enterprise Services

**AUTO PHYSICAL DAMAGE (APD)
COVERAGE FOR STATE VEHICLES**

For *State-Owned* Vehicles & Specialized Vehicles

Agency name:		Agency No.:
Contact name:		
Phone number:	Email address:	

ADDING VEHICLE	DELETING VEHICLE
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VEHICLE INFORMATION

<i>Please complete all information</i>	Year:	VIN/Serial No.:
	Make:	Tag No.:
	Model:	No. of passengers:
List the general type of use for this vehicle:		

If deleting a vehicle, stop here.

LOCATION AND PARKING SECURITY

Physical location or address where generally parked:			
Kind of parking:	Parking garage	Residence	
	Outdoor parking lot	Other	
Security measures used:	Guard	Gated	Other
		Alarms	Cameras

VALUATION

REPLACEMENT Cost:	\$
ACV (Actual Cash Value) Cost:	
Date for coverage to become effective <i>(if no date is listed, effective date will be date of receipt):</i>	

RETURN TO: Risk Management
P.O. Box 53364
Oklahoma City OK 73152-3364

or

EMAIL: SRM.Underwriting@omes.ok.gov
FAX: 405-522-4442

Please email any questions or request for an electronic copy of this form to: SRM.Underwriting@omes.ok.gov.
A representative will contact you shortly.