



**UPDATE FORM - CHANGES IN COVERED VEHICLES**

PARISH/SCHOOL/AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

LOCATION CODE: \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

CHANGE TYPE: ADD  DELETE  VALUE: \$ \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN NUMBER: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

COVERAGE REQUESTED: LIABILITY  COLLISION  COMPREHENSIVE

CHANGE TYPE: ADD  DELETE  VALUE: \$ \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN NUMBER: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

COVERAGE REQUESTED: LIABILITY  COLLISION  COMPREHENSIVE

CHANGE TYPE: ADD  DELETE  VALUE: \$ \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN NUMBER: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

COVERAGE REQUESTED: LIABILITY  COLLISION  COMPREHENSIVE