Municipal Vehicle Program

(Fax number: 501-978-6562)

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City / Town of _____

Contact Person:_____ **Effective Date:** _____
Phone #: _____ **Fax #:** _____

A D D

Indicate desired coverage (Liability or Physical Damage or both) by checking appropriate box(s). If you want FULL COVERAGE, check the Part I and Part II box and put in the VALUE of the vehicle. When adding vehicles which have special equipment permanently attached, please add the value of the equipment to the value of the vehicle and list that total in the VALUE OF VEHICLE space for figuring Part II - Physical Damage coverage.

Year _____ Make _____Model _____ Depart. _____

☐ Part I - Liability Coverage (**ONLY**) V.I.N. # _____ Unit # _____
(Last 5 numbers) **(If applicable)**

☐ Part II - Physical Damage Coverage (**FULL COVERAGE**) - Value of vehicle $_____
(Needed To Figure Part II Premium)

Year _____ Make _____Model _____ Depart. _____

☐ Part I - Liability Coverage (**ONLY**) V.I.N. # _____ Unit # _____
(Last 5 numbers) **(If applicable)**

☐ Part II - Physical Damage Coverage (**FULL COVERAGE**) - Value of vehicle $_____
(Needed To Figure Part II Premium)

D E L E T E

Year _____ Make _____ Model _____ Department _____

Last Five Numbers of the V.I.N. #_____ Unit #_____

☐ Remove Vehicle From Coverage ☐ Remove Part II Coverage Only

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Year _____ Make _____ Model _____ Department _____

Last Five Numbers of the V.I.N. #_____ Unit #_____

☐ Remove Vehicle From Coverage ☐ Remove Part II Coverage Only

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