SCHOOL DISTRICT REQUEST TO ADD VEHICLE FORM

COMPLETE THE FOLLOWING FOR EACH VEHICLE TO BE ADDED TO THE SCHOOL DISTRICT MASTER VEHICLE POLICY Return the completed add form to Risk Management Division by email insurance.risk.management@arkansas.gov or fax (501)371-2842

To request deletions or changes to autos currently scheduled, make a copy of your most recent schedule. Circle the VIN you want deleted or clearly mark any updates needed. Sign and date the schedule and return it to the Risk Management Division at the address listed above.

Year	Make/Model	Complete Vehicle Identification Number (VIN)	Original Cost	Add Comp/Coll Coverage (Check if you want C/C added)	Leased Vehicle (30 Days or More	Rented Vehicle (29 Days or Less
				☐	☐	☐
				☐	☐	☐
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District LEA No.

District Name

Contact Phone No.

District Contact Person

District Contact Email Address

Date of Request

DO NOT USE THIS FORM TO DELETE OR UPDATE CURRENT VEHICLES

Please complete this section if a Certificate of Insurance (COI) (All information is required)

☐ Loss Payee ☐ Additional Insured

Lease/Rental Period

Additional Insured/Loss Payee Name

Additional Insured/Loss Payee Contact

Additional Insured/Loss Payee Mailing Address

Additional Insured/Loss Payee Email

Additional Insured/Loss Payee Phone #