

VEHICLE ENDORSEMENT REQUEST FORM

DATE: \_\_\_\_\_  
PREMIUM PL  
OP

POLICY NUMBER/NEW \_\_\_\_\_

MEMBERSHIP # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

LEDGER PAGE \_\_\_\_\_

NAMED INSURED \_\_\_\_\_

INSURED ADDRESS \_\_\_\_\_

ADD: EFFECTIVE DATE \_\_\_\_\_

YEAR	MAKE/MODEL	VIN#	COST NEW	USE*	#PASSENGERS
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GARAGED AT: PARISH \_\_\_\_\_  
ADDRESS \_\_\_\_\_

\*VEHICLE USAGE: PRIVATE PSGR (PP) SERVICE (SV) SCHOOL BUS (SB)  
CHURCH BUS (CB)

LIABILITY ONLY? \_\_\_\_\_ COMP DEDUC \_\_\_\_\_ COLLISION DEDUC \_\_\_\_\_

PRINCIPAL DRIVER NAME	DATE OF BIRTH	LICENSE	#STATE
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DELETE: EFFECTIVE DATE \_\_\_\_\_

VEHICLE #	VEHICLE YEAR	MAKE/MODEL	VIN#
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GARAGED AT: PARISH \_\_\_\_\_ CITY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

ID CARD SENT? \_\_\_\_\_ YES DATE SENT? \_\_\_\_\_ N/A

ACCOUNT REP: \_\_\_\_\_