



RISK MANAGEMENT PROGRAM

P.O. Box 165460

Little Rock, Arkansas 72216

1-866-223-9587 phone

501-687-0225 fax

VEHICLE CHANGE FORM

SCHOOL DISTRICT: _____

LEA#: _____

CAMPUS: _____

ADDITION EFFECTIVE DATE: _____

YEAR	MAKE/MODEL	BODY TYPE	BUS#	CAPACITY	* COMPLETE VIN #	PRICE	LIABILITY ONLY

**Use (2) lines if needed to provide complete VIN #*

If a vehicle has been leased or financed, please provide the name, address and phone number of the company to add.
 *Please note if the loss payee is different from that of the company the vehicle was purchased from.

Company Name: _____

Loss Payee: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____

DELETION EFFECTIVE DATE: _____

YEAR	MAKE/MODEL	BODY TYPE	BUS#	CAPACITY	VIN #	PRICE

 Signature of Person Authorizing Change

 Date

 E-mail address of contact person making change