

Changes to Vehicle Schedule

County/Entity Name (required): _____					
Effective Date of Change (required): _____					
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change coverage on existing (already on schedule)					
<input type="checkbox"/> Liability & Physical Damage <input type="checkbox"/> Liability Only					
Year	Manufacturer/Make	Model	No.* of Passengers	VIN - Vehicle Identification No.	For Ambulances and Fire Trucks ONLY**
<p>* If this is a passenger transportation vehicle, please provide the number of passengers ** If Replacement Cost coverage is desired, please indicate the Replacement Cost of the vehicle being added.</p>					
Department Name: _____					
Certificate of Insurance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loss Payee/Lien Holder Contract or Lease Number: _____					
Bank/Financial Institution Name (as it should appear on the COI): _____					
Mailing Address: _____					
Email Address: _____					
Fax Number: _____					
Special Instructions:					

Name of Requester: _____

Email Address of Requester: _____

**Please print this form and fax it back to Underwriting at 919.719.1170
or email underwriting@ncacc.org**