



Input boxes for Add Vehicle, Change Vehicle/Equipment, Delete Vehicle

Do you want Auto Liability Coverage on this vehicle? Yes No

VEHICLE INFORMATION:

Fire Department Name: _____

Mailing Address: _____ City: _____ County: _____ Zip Code: _____

Year: _____ Make: _____ Model: _____ VIN (last 4): _____ Tag # _____

Type: Pumper Tanker Grass Rig Rescue Other: _____

Lien Holder? No, Yes - the bank's name & address: _____

Vehicle physical location:

IF YOU ARE DELETING A VEHICLE, STOP HERE

VEHICLE VALUES: Fire vehicles should be valued at replacement cost if they are less than 10 years old. Fire vehicles should be valued at Actual Cash Value (ACV) if they are 10 years or older.

Table with 2 columns: Value (\$), Description (Vehicle Value, Equipment Value, Adjusted Vehicle Amount, Loose Equipment Value, TOTAL: Vehicle + Equipment)

AUTHORIZATION:

By signing this form, I am attesting that the vehicle and/or equipment listed herein are used by the Fire Department to perform their mission in the community. No personally owned property can be insured through this program. I understand that the Fire Department must provide documentation of ownership for the vehicle and equipment detail during a claims process by proof of purchase, pictures, etc.

Signature Date Printed Name of Signer Title of Signer

Contact Person (please print): Contact Person Title:

Email Address: Daytime Phone Number:

Return to:

RISK MANAGEMENT, P. O. BOX 53364, OKLAHOMA CITY, OK 73152-3364
FAX: (405) 522-4442 EMAIL: fdip@omes.ok.gov
Contact Phone (405) 521-4999 or (888) 521-7475