



State Owned Vehicle Insurance Request

Please allow 2 – 3 business days for coverage to begin. If you need coverage sooner, please call ext. 2-3986

Vehicle Information

Make/Model: _____ Year: _____

VIN/Serial #: _____

Cost/Replacement Value: _____

Permanent Tag #: _____

Department Information

Department: _____

Contact Person: _____

Phone: _____ Email: _____

Coverage Type

All state owned vehicles are required to carry liability insurance, which is provided by the State. Departments have the option of purchasing additional coverage for their vehicles and premium charges will be billed at renewal in July. The current premiums are as follows:

<u>Type of Coverage</u>	<u>Annual Cost</u>	<u>Deductible</u>
Comprehensive		
-vehicles under \$75,000 in value	\$ 47.00	\$100.00
Collision		
- vehicles valued from \$10,000 - \$29,999	\$163.00	\$250.00
- vehicles valued from \$30,000 - \$49,999	\$235.00	\$250.00

Please indicate the level of coverage you would like to have on this vehicle:

Liability Only

Full coverage (comprehensive and collision)

Is this vehicle a 15-passenger van?

Yes

No

Date to begin coverage: _____

Fund # to charge (if applicable) : _____

Address where vehicle will be parked/garaged: _____

Signature

Date