

REQUEST TO ADD VEHICLES TO STATE MASTER VEHICLE POLICY

<p>ARKANSAS INSURANCE DEPARTMENT Risk Management Division 1200 West Third Street Little Rock, Arkansas 72201 Phone: 501-371-2690 Fax: 501-371-2842 Email: insurance.risk.management@arkansas.gov www.insurance.arkansas.gov</p>	
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

COMPLETE THE FOLLOWING FOR EACH VEHICLE TO BE ADDED TO THE STATE MASTER VEHICLE POLICY. See below for premiums.

- 1) Indicate if Physical Damage (Comprehensive and Collision) Coverage is requested.
- 2) Indicate Agency code and name, sign, date and return the Request to Add Vehicle form to the Risk Management Division.

To request deletion of vehicles or changes to vehicles currently insured, indicate changes on the current Schedule of Covered Vehicles, sign, date and return the form to the Risk Management Division at the address below.

Year	Make / Model	Vehicle Identification Number (Include Complete VIN)	Original Cost	Comprehensive Collision Yes/No	Effective Date Of Coverage	Vehicle Weight*

**Include weight for all vehicles except private passenger autos, SUVs and pickups.*

Agency Code _____

Agency Name _____

Agency Representative _____

Date _____