

**REQUEST TO ADD VEHICLES TO PUBLIC SCHOOL VEHICLE POLICY**

<p align="center"><b>ARKANSAS INSURANCE DEPARTMENT</b>  <b>Risk Management Division</b>                  1200 West Third Street                  Little Rock, Arkansas 72201                  Phone: 501-371-2690 Fax: 501-371-2842                  Email: <a href="mailto:insurance.risk.management@arkansas.gov">insurance.risk.management@arkansas.gov</a>  <a href="http://www.insurance.arkansas.gov">www.insurance.arkansas.gov</a></p>	
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**COMPLETE THE FOLLOWING FOR EACH VEHICLE TO BE ADDED TO THE PUBLIC SCHOOL VEHICLE POLICY:**

Year	Make / Model	Bus Capacity	Vehicle Identification Number (Include Complete VIN)	Original Cost	Add Comp/Coll Cvg <input type="checkbox"/> Yes <input type="checkbox"/> No	Leased Vehicle (Over 30 Days) <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers Education Vehicle Yes/No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INDICATE SCHOOL DISTRICT NAME AND LEA CODE, SIGN, DATE AND RETURN THE REQUEST TO ADD VEHICLE FORM TO THE ARKANSAS INSURANCE DEPARTMENT, RISK MANAGEMENT DIVISION.

**\*TO REQUEST DELETION OF VEHICLES OR CHANGES TO VEHICLES CURRENTLY INSURED, INDICATE CHANGES ON THE CURRENT SCHEDULE OF COVERED VEHICLES. CIRCLE VIN NUMBER, WRITE DELETE, SIGN, DATE AND RETURN THE FORM TO THE RISK MANAGEMENT DIVISION**

LEA Number	District Name	Additional Named Insured/Loss Payee	Additional Insured Email Address
Effective Date	Phone Number	Additional Insured Contact Pers	Additional Insured Fax Number
District Representative/Email Address			

**\*DO NOT USE THIS FORM TO DELETE VEHICLES.**