REQUEST TO ADD VEHICLES TO PUBLIC SCHOOL VEHICLE POLICY

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

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	Comprehensive Collision Yes/No	Effective Date Of Coverage	Drivers Education Vehicle

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. 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.

_____
District LEA Code

_____
District Name

_____
District Representative

_____
Date

*DO NOT USE THIS FORM TO DELETE VEHICLES.