

REQUEST TO ADD VEHICLES TO STATE AGENCY MASTER VEHICLE POLICY

<p style="text-align: center;">ARKANSAS INSURANCE DEPARTMENT Risk Management Division 1 Commerce Way, Suite 504 Little Rock, Arkansas 72202-2087 Phone: 501-371-2690 Fax: 501-371-2842 Email: insurance.risk.management@arkansas.gov Website: www.insurance.arkansas.gov</p>	
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COMPLETE THE FOLLOWING FOR EACH VEHICLE TO BE ADDED TO THE STATE AGENCY MASTER VEHICLE POLICY

Check Yes or No to indicate Physical Damage (Comprehensive and Collision) Coverage Preference.

Print or type State Agency No., Agency Name, Agency Representative, and Date of request.

Return completed Request to Add Vehicle form to the Risk Management Division via fax (501-371-2842) or email (insurance.risk.management@arkansas.gov).

***To request deletion of vehicles or changes to vehicles currently insured, indicate changes on the current Schedule of Vehicles Covered Report, sign, date and return the schedule to the Risk Management Division at the fax number or email address listed above.**

Year	Make / Model	Vehicle Identification Number (Include Complete VIN)	Original Cost	Add Comp/Coll Coverage		(30 Days or More) Leased Vehicle		(29 Days or Less) Rented Vehicles	
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No

Please complete this section if Certificate of Insurance is Required (All Information Must be Completed)

Loss Payee	Additional Insured	Lease/Rental Period
Additional Insured/Loss Payee Name	Additional Insured/Loss Payee Contact Name	
Additional Insured/Loss Payee Mailing Address		
Additional Insured/Loss Payee Email Address	Contact Phone Number	

Agency Number	Agency Name
Phone Number	Agency Contact Person
Agency Contact Email Address	
Date of Request	