

**DIOCESAN MASTER INSURANCE PROGRAM
VEHICLE CHANGE REQUEST**

LOCATION NAME: _____
LOCATION #: _____ CITY: _____
EFFECTIVE DATE: _____

ADD

Year: _____ Make: _____
Model: _____
VIN (17 Digits): _____
** If VAN or BUS - Cargo or Passenger?* _____
** If Passenger VAN or BUS - Max # of Passengers?* _____
**If VAN or BUS - Are there dual rear wheels?* _____
Leased/Financed: _____
Raffle Car? _____
Titled To: _____
Vehicle Use: _____
Principal Driver: _____

DELETE

Year: _____ Make: _____
Model: _____
VIN (17 Digits): _____
**If VAN or BUS - Cargo or Passenger?* _____
**If Passenger VAN or BUS - Max # of Passengers?* _____
**If VAN or BUS - Are there dual rear wheels?* _____
Leased/Financed: _____
Raffle Car? _____
Titled To: _____
Vehicle Use: _____
Principal Driver: _____

Comments: _____
Requested By: _____ Date: _____

Please Return Completed Form to:
Diocesan Insurance Service Committee (DISC)
Phone: 216-621-7183 Fax: 216-621-4755
Email: ajjohnston@evartstremaine.com