

**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 Master Insurance Program
Phone: 216-367-1828 Fax: 216-367-1829
Email: ljorz@oswaldcompanies.com**