

Changes to Vehicle Schedule

County/Entity Name (required): Effective Date of Change (required): <input type="checkbox"/> Add <input type="checkbox"/> Existing <input type="checkbox"/> Delete <input type="checkbox"/> Liability & Physical Damage <input type="checkbox"/> Liability Only For Ambulances and Fire Trucks Only: If Replacement Cost coverage is desired, please indicate the Replacement Cost of the vehicle being added: Replacement Cost: \$
Year: Manufacturer/Make: Model: Vehicle Identification No./VIN: If this is a passenger transportation vehicle, please provide the number of passengers:
Department name:
Certificate of Insurance Required: Yes No <input type="checkbox"/> Loss Payee/ Lien Holder <input type="checkbox"/> Additional Insured Bank or Financial Institution Name (as it should appear on certificate): Mailing Address: Phone: Fax:
Special Instructions:

Name of Requester _____

Email Address of Requester _____

**Please print this form and fax it back to Underwriting at 919-719-1170
 or email to underwriting@ncacc.org.**