



# VEHICLE ADD & DELETE FORM

LOCATION INFORMATION  School  Church Date of Report: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance billing number: \_\_\_\_\_

## CONTACT PERSON

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ADD VEHICLE

1. Year: \_\_\_\_\_

2. Make/Model: \_\_\_\_\_

3. Body Type:  
Sedan Coupe Station Wagon  
Pick-up Van Bus Truck

4. VIN (Vehicle ID#): \_\_\_\_\_

5. License #: \_\_\_\_\_ State: \_\_\_\_\_

6. Purchase price: \$ \_\_\_\_\_

7. Purchase date: \_\_\_\_\_

8. Name of primary vehicle operator(s):  
\_\_\_\_\_  
\_\_\_\_\_

9. If a vehicle is a pick-up or truck indicate:  
 ½ Ton  ¾ Ton  1 Ton  
If vehicle is larger than 1 ton indicate gross  
vehicle weight: \_\_\_\_\_  
Use: \_\_\_\_\_

10. If vehicle is a van or bus:  
Passenger capacity: \_\_\_\_\_  
Use: \_\_\_\_\_

**Note:**  
**An insurance identification card will be provided for this vehicle.**  
**Please contact the Risk Management Office At (503) 233-8360 with any questions.**

### DELETE VEHICLE

Date sold: \_\_\_\_\_

Year: \_\_\_\_\_

Make/model: \_\_\_\_\_

VIN (Vehicle ID #): \_\_\_\_\_

NOTE: The Risk Management Office must be notified within 30 days after the sale date.

### Form Completed By:

\_\_\_\_\_  
Name Date Phone Email

Submit to:  
Archdiocese Insurance Program  
Risk Management Office  
2838 E. Burnside Street, Portland, Oregon 97214  
503-234-5334 Fax: 503-234-2903  
[riskmanagement@archdpdx.org](mailto:riskmanagement@archdpdx.org)