

Office of Risk Management

200 North Glebe Road, Suite 630 • Arlington, VA 22203 Office (703) 841-2503 • Fax (703) 778-9118 riskmanagement@arlingtondiocese.org

ADDING VEHICLE TO/DELETING VEHICLE FROM ASSET LIST

| ADDING VEHICLE (When adding a vehicle, include a copy of LOCATION INFORMATION | of the tit | le with a completed form) | |
|---|------------|-------------------------------------|------------------------------|
| Location Name: | | | |
| | | | |
| Address:City: | | State | Zip: |
| | | | |
| Phone Number (include area code): | | | |
| Principal Driver Name: | | License #: | State: |
| Contact Person: | | | |
| Phone Number (include area code): | Email: | | |
| VEHICLE INFORMATION | | | |
| Year: Make: Model: | | Body T | ype: |
| Empty Wt.: Gross Wt.: Rate Cla | | | |
| Fuel Type: License Plate: | | Total # Rear Sea | t Passengers: |
| VIN: | | | |
| SOURCE OF OWNERSHIP INFORMATION | | | |
| How was this vehicle acquired? Purchased Leased | 1 | Donated | |
| Vehicle Condition: New Excellent Good | | | □ Salvage |
| Purchase Date: Sales Price: | | | — ~ |
| | | | |
| Vehicle Purchased From: | | | |
| Address: | | Stata | 7:n. |
| City: | | State: | Zip: |
| LIEN INFORMATION Is there a lien on this vehicle? Yes No | (If Ye | s, this section must be completed) | |
| Lienholder Name: | | | |
| Address: | | | |
| City: | | | Zip: |
| Phone Number (include area code): | | | |
| Contact Person: | | | |
| Loan Number: | | | |
| | | Is Lienholder also a Loss Payer | |
| is Elemental also an authorial insured. | | Is Dieimeraer also a Dess I ayes | |
| DELETING VEHICLE | | VINI. | |
| | | VIN: | |
| Reason: Sold Trade-In | | | |
| Vehicle Condition: Excellent Good | | _ | Salvage |
| Date of Title Transfer: Sales Price: | | | |
| Vehicle Sold To: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| AFFIDAVIT | | | |
| I certify that the information contained in this application is true | and corr | ect to the best of my knowledge and | I that this vehicle has been |
| properly titled and registered in accordance with the provision of | | | |
| Office of Risk Management before an Insurance Certification ca | | | |
| - | | | |
| Completed by: | | Date: | |

FAX: 703-778-9118