

**REQUEST TO ADD VEHICLES TO STATE MASTER VEHICLE POLICY**

<p><b>ARKANSAS INSURANCE DEPARTMENT</b>  <b>Risk Management Division</b>                  1200 West Third Street                  Little Rock, Arkansas 72201                  Phone: 501-371-2690 Fax: 501-371-2842                  Email: <a href="mailto:insurance.risk.management@arkansas.gov">insurance.risk.management@arkansas.gov</a>  <a href="http://www.insurance.arkansas.gov">www.insurance.arkansas.gov</a></p>	
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**COMPLETE THE FOLLOWING FOR EACH VEHICLE TO BE ADDED TO THE STATE MASTER VEHICLE POLICY**

Check Yes or No to request Physical Damage (Comprehensive and Collision) Coverage.

Print or type School District LEA code, School District Name and School District representative and date.

Return completed Request to Add Vehicle form to the Risk Management Division via fax (501-371-2842) or email ([insurance.risk.management@arkansas.gov](mailto:insurance.risk.management@arkansas.gov)).

***\*To request deletion of vehicles or changes to vehicles currently insured, indicate changes on current Schedule of Covered Vehicles, sign, date and return the schedule to the Risk Management Division at the fax number or email address listed above.***

Year	Make / Model	Bus Capacity	Vehicle Identification Number (Include Complete VIN)	Original Cost	Add Comp/Coll Coverage	(30 Days or More) Leased Vehicle	(29 Days or Less) Rented Vehicles
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>_____                  Agency Number                      Agency Name</p> <p>_____                  Phone Number                      Agency Contact Person</p> <p>_____                  Contact Person Email Address</p>	<p><input type="checkbox"/> Loss Payee                      <input type="checkbox"/> Additional Insured</p> <p>_____                  Additional Insured/Loss Payee Email Address</p> <p>_____                  Fax Number</p> <p>_____                  Rental Period</p>	<p>_____                  Additional Insured/Loss Payee</p> <p>_____                  Additional Insured/Loss Payee Contact Person</p> <p>_____                  Address</p>
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