



Vehicle ADD/DROP Request

Attn: Kevin Hobby
Principal Risk Services Consultant
phone: 562.404.8029 x250
email: hobby@ascip.org

District: _____

	Vehicle #1	Vehicle #2	Vehicle #3
Add or Drop Vehicle			
Location of Vehicle			
Site Name			
Garaging Address			
Vehicle Description			
Year			
Make			
Model			
Vin#			
License Number			
Type			
# of Passengers	not including driver	not including driver	not including driver
Values			
Cost New			
Purchase Price			
Date of Occurance			
District Vehicle #			

During this given coverage year, we wish to update the vehicles listed above to our fleet inventory. A copy of the sales contract and/or title and/or registration document is attached for our newly purchased vehicles. I am aware that telephone notification to ASCIP staff (Kevin Hobby 562.404.8029 x250) of a vehicle purchase is sufficient to bind coverage for new vehicles driven only from the point of purchase to the district until the Vehicle Request Form and attachments can be submitted. Vehicles dropped from the fleet will also be reported in a timely manner. The information is accurate to the best of our knowledge.

Requested by: _____ **Effective Date:** _____