



Vehicle Add/Drop Form

In order to update your list of insured vehicles, please provide the details below.

Member Name: _____

Vehicle #1

Vehicle #2

	Vehicle #1	Vehicle #2
Add or Drop		
Year		
Make		
Model		
Vin #		
License #		
Type		
# of Passengers (not including driver)		
Purchase Price or Cost New		
Date of Occurrence		
District Vehicle #		

Please return this form to Lucy Gonzalez by email: gonzalez@ascip.org or by fax: 562.404.8038

Completed by: _____ **Date:** _____