

UCSD VEHICLE INSURANCE PROGRAM

ADD / CHANGE FORM

Date: _____ Department: _____ Mail _____
Code: _____
Department Budget Contact _____ Telephone # _____

ACTION REQUESTED

- Addition
 Deletion (Department must keep vehicle insured until purchased by another party)
 No longer University property
 Transferred to another UCSD Department Transferred to: _____

COVERAGE

Coverage to be charged to Index & Fund # _____ / _____ (example: ABCD123 / 12345A)
Coverage to begin: _____ (Do not back date) Coverage to end: _____ (Do not back date)
Coverage requested by: _____
(Department Signature)

VEHICLE OWNERSHIP

- Department Owned
 Fleet Services Owned
 Leased from Fleet Services
 Leased from an outside agency Name of Leasing Agent _____
P.O. # or Agreement # _____

DESCRIPTION OF VEHICLE

Car Truck Van Bus Motorcycle Motorscooter Electric Cart
9-digit UCID number: _____ Mileage: _____
Year: _____ Make: _____ Model: _____

VIN Serial Number: _____ License Plate Number: _____
Seating Capacity: _____ Vehicle Load Capacity: _____

Vehicle Value*: \$ _____ (Amount should reflect current Blue Book value not purchase price)

**Vehicles valued over \$25,000 need to carry Excess Physical Damage coverage*

*** FAX completed form to Risk Management (858) 534-5202 or send as email attachment to ehsrisk@ucsd.edu ***

RISK MANAGEMENT USE

Database Action Date: _____

VIR Packet Sent: _____