

**DIOCESE OF SANTA ROSA
VEHICLE CHANGE FORM**

This report will (check one):

_____ Add a Purchased/Donated Vehicle
(See I. Below)
_____ Delete a Sold Vehicle
(See II. Below)

_____ Change or Correct Coverage on a
Covered Vehicle (See III. Other Side)
_____ Transfer A Covered Vehicle to Another
Diocesan Location (See IV. Other Side)

PARISH/AGENCY _____
ADDRESS _____

REPORTED BY _____
TELEPHONE NO. _____
FAX #: _____
DATE REPORTED _____

**ALL VEHICLE CHANGES MUST BE REPORTED IN WRITING WITHIN 30 DAYS
SEND THIS COMPLETED FORM TO:**

ORIGINAL TO:

**CATHOLIC MUTUAL GROUP
ATTN: Broc Blanchard
10843 OLD MILL ROAD
OMAHA, NE 68154-2600
Fax:(402) 551-2943**

COPY TO:

**DIOCESE OF SANTA ROSA
ATT: Kelly Righetti
PO BOX 1297
SANTA ROSA, CA 95402**

I. ADDING A VEHICLE

Newly acquired vehicles are automatically covered for only 30 days. Send this report to our administrator immediately to assure continuous coverage.

NOTE: adding a vehicle will not result in increased premiums until the beginning of the next fiscal year.

Liability, Medical Payments & Uninsured Motorist coverage is automatically covered for all owned vehicles.

ADDITIONAL COVERAGE TO BE PROVIDED

Circle the Physical Damage Coverage required for the new vehicle

- A. Full Coverage (Comprehensive & Collision)
- B. Comprehensive Coverage Only (Fire & Theft)
- C. No Coverage

COMPLETE THE FOLLOWING:

1. Model Year _____
2. Make & Model _____
3. Body Type (Circle one)
Sedan Coupe Station Wagon Pickup
Van Bus Truck Trailer
4. a. Vehicle Id. No. _____
b. Vehicle License Plate _____
5. Purchase Price \$ _____
6. Date Acquired: _____
7. Vehicle Purchased New or Used or Donated (Circle one)
8. Vehicle is Garaged at:
Church _____ School _____ Other _____

Address: _____

9. Name, Date of Birth, Drivers License Number of Vehicle Operator(s): _____

II. DELETING A VEHICLE

NOTE: Catholic Mutual DOES NOT refund a portion of the premium for a vehicle deleted during the fiscal year. The effect of deleting a vehicle will be seen in the premiums charged for the next fiscal year.

Date Sold _____
Model Year _____
VIN _____
License # _____
Make/Model _____

10. Is this a leased vehicle?
If yes, complete the following:
Lessor's Name _____
Address _____

11. Is there a Loss Payee?
If yes, Complete the following:
Loss Payee _____
Address _____

12. If this is a Truck/Pickup:
Gross Vehicle Weight _____
Use _____
13. If this is a Van or Bus:
Passenger Capacity (#) _____
Use _____

KEEP A PHOTOCOPY OF THIS REQUEST FORM FOR YOUR FILE

DIOCESE OF SANTA ROSA
VEHICLE CHANGE FORM - Page 2

This report will (check one):

_____ Add a Purchased/Donated Vehicle
(See I. Other Side)
_____ Delete a Sold Vehicle
(See II. Other Side)

_____ Change or Correct Coverage on a
Covered Vehicle (See III. Below)
_____ Transfer A Covered Vehicle to Another
Diocesan Location (See IV. Below)

PARISH/AGENCY _____
ADDRESS _____

REPORTED BY Kelly Righetti
TELEPHONE NO. (707) 566-3373
FAX #: (707)-542-9702
DATE REPORTED _____

**ALL VEHICLE CHANGES MUST BE REPORTED IN WRITING WITHIN 30 DAYS
SEND THIS COMPLETED FORM TO:**

ORIGINAL TO:

**CATHOLIC MUTUAL GROUP
ATTN: Broc Blanchard
10843 OLD MILL ROAD
OMAHA, NE 68154-2600
Fax:(402) 551-2943**

COPY TO:

**DIOCESE OF SANTA ROSA
ATTN: Kelly Righetti
PO BOX 1297
SANTA ROSA, CA 95402**

III. CHANGING A VEHICLE

NOTE: Use for changing or correcting information about coverage or vehicle data on a "*currently covered*" vehicle.

This change / correction is for vehicle:

Description: _____

AT LOCATION NAME / ADDRESS: _____

Effective Date of Change:
(Check and complete only those which apply.)

1. Change of Physical Damage Coverage:

- _____ Delete Collision Coverage
- _____ Add Collision Coverage
- _____ Delete Comprehensive
(Fire & Theft) Coverage
- _____ Add Comprehensive
(Fire & Theft) Coverage

2. Description or Vehicle information
to be corrected:

- _____ Vehicle I.D. # should be _____
- _____ Correct year is: _____
- _____ Make/Model should be: _____
- _____ Other: Describe _____

3. Add Loss Payee:

Name: _____
Address: _____
Loan #: _____

4. Delete Loss Payee:

Name: _____
Loan #: _____

5. Other: Describe _____

IV. TRANSFER A VEHICLE

NOTE: Use this section to internally transfer a covered vehicle from one of your locations to another of your locations.

This transfer is for vehicle:

Description _____

Vehicle I.D.# _____

Date originally added to policy:

1. Previous garage location:

Name: _____
Address: _____

2. Transfer to new garage location at:

Name: _____
Address: _____

3. Effective date of transfer: _____

4. Name, Date of Birth, Drivers' License
Number of New Vehicle Operations(s): _____