

## Vehicle Insurance Application Form

<u>Campus Information</u>			
<b>Campus Code:</b>	<b>Project:</b>	<b>Task:</b>	<b>Award:</b>
<b>Organization:</b>			

<u>Vehicle Information</u>
<b>Year:</b>
<b>Make:</b>
<b>Model:</b>
<b>Vehicle Identification Number (VIN):</b>
<b>Gross Vehicle Weight (GSW):</b>
<b>Cost, New:</b>

<u>Garaging Information</u>
<b>Where is it garaged?</b>

<u>Plate Information</u>	
<b>New Plates</b> <input type="checkbox"/>	<b>Transfer of Plates</b> <input type="checkbox"/>

**\*Once Registered, Please Provide a Copy of the Registration for Our Records\***