❑ **ADD** Vehicle
❑ **DELETE** Vehicle
❑ **CHANGE** Vehicle &/or Equipment

Auto Physical Damage Coverage

(Physical damage coverage at ALL times)

Fire Department Name: _____

Vehicle Information

Year: _____ Make & Model: _____

Type: ❑ Pumper ❑ Tanker ❑ Grass Rig ❑ Rescue ❑ Other:_____

VIN/Serial#: _____ *(last 4 #'s)*

Tag Number: _____

Is this a FORESTRY Vehicle?
❑ Yes
❑ No

MANDATORY TO BIND COVERAGE
1. **Attach PHOTOS of all sides & inside of vehicle**
   (Photos can be E-MAILED to: theresa_howell@dcs.state.ok.us)
2. **Attach copy of TITLE or REGISTRATION**

Lien Holder / Bank? ❑ Yes ❑ No *If yes*, list name of bank and their address:

Current Market Value / ACV of Vehicle: $_____ (ACV= Actual Cash Value)
(value the vehicle is worth today)
$0 for Forestry Vehicles

Total Equipment at Replacement Cost: $_____ ***inventory must be submitted to insure***

TOTAL ACV of Vehicle & Equipment: $_____

Location of Vehicle

Physical Location/Address where usually stored:

City & County:

Contact Person & Daytime Phone: _____

State of Oklahoma
Department of Central Services
Risk Management

Mail or FAX to:
2401 N. Lincoln Blvd., Ste. 202, OKC, OK 73105
P.O. Box 53364, OKC, OK 73152
(405) 521-4999 – Toll Free (888) 521-7475 - FAX: (405) 522-4442

Please make copies of this form for future convenience. One form per vehicle.