|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Member Name:** | | | | | | |  | | | | | |
|  | | | |  |  | |  | | | | |  |
| Agency Vehicle # : | | | |  |  | | License Plate Number: | | | | |  |
|  |  | | | |  | |  | | | | |  |
| Type: | Choose One from Drop-Down | | | |  | | Department: | | | | |  |
|  |  | | | |  | |  | | | | |  |
| Year: |  | | | |  | | Usage: | | | | | Choose one from Drop-Down |
|  |  | | | |  | | *(Maintenance/Administrative/Surplus)* | | | | |  |
| Make: |  | | | |  | |  | | | | |  |
|  |  | | | |  | | Cost New/Purchase Price (*Optional*): | | | | |  |
| Model: |  | | | |  | |  | | | | |  |
|  |  | | | |  | | Replacement Cost (*Required*): | | | | |  |
| VIN#: |  | | | |  | |  | | | | |  |
|  |  | | | |  | | Add Effective Date: | | | | |  |
|  |  | | | |  | |  | | | | |  |
| Purchase Date: | |  | | |  | | Owned / Leased: | | | | | Choose One from Drop-Down |
|  | |  | | |  | |  | | | | |  |
| If financed or leased, please provide the name and address of the Financier / Lessor: | | | | | | | | | | | | |
| Financier’s Name: | | |  | | | | |  | Address: | |  | |
|  | | |  | | | | |  |  | |  | |
|  | | |  | | | | |  |  | |  | |
|  | | |  | | | | |  |  | |  | |
| Lessor’s Name: | | |  | | | | |  | Address: | |  | |
|  | | |  | | | | |  |  | |  | |
|  | | |  | | | | |  |  | |  | |
|  | | | | | | | | | |  | | |
| Garage Location Address: | | | | | |  | | | | | | |
|  | | | | | |  | | | | | | |
|  | | | | | | | | | |  | | |
| Additional Description and Use of the Vehicle (*Optional*): | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| ***Please return this form to:***  ***Stacey Weeks***  *Alliant Insurance Services, Inc.*  *100 Pine Street, 11FL*  *San Francisco, CA 94111*  ***Tel: 415.403.1448 / Fax: 415.874.4812***  ***Email:*** [***sweeks@alliant.com***](mailto:sweeks@alliant.com) | | | | | | | | | | | | |