|  |  |
| --- | --- |
| **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*): |
|       |
|       |
|       |
|       |
|  |
| ***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*** |