

**ABAG PLAN CORPORATION
NEW VEHICLE QUESTIONNAIRE**



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: _____

Model: _____ Cost New/Purchase Price *(Optional)*: _____

VIN#: _____ Replacement Cost *(Required)*: _____

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