Missouri Public Entity Risk Management Fund

POLICY CHANGE REQUEST (AUTO & OTHER)

1-888-5MOPERM www.moperm.com FAX: 573-751-8276

Memo No.	Mem	Member Name										Fax No.	Fax No.	
VEHICLE CHANGE #1														
Effective D	ate of C	Change					Add			Delete		Change		
VEHICLE DESCRIPTION														
MOPERM Vehicle No.		Year	Make			Model	110.1				Is the vehic		used for Law Enforcement? Yes No	
Vehicle Identification		Cost New			Actual Purchase Price			Vehicle Dept. and Use						
Has This Vehicle Been Modified With Special Equipment? (If yes, please specify the modification and value.)														
COVERAGES (CHECK DESIRED COVERAGES & NOTE DESIRED DEDUCTIBLES)														
Liability Med Full Co			omprehensive Deductible \$			LILIGES	*IMPORTANT: Cost New			Purchase	Price	Agreed Value (Only available		
Only				ollision Deductible \$			MUST be provided above if full			overage is a	lesired.	on specialty uni	ts.)	
Additional Insured	Name & Address													
Loss Payee														
Additional Information Regarding Above Vehicle														
				N/EIII		Е СНА	NCE	ша						
				V E-III	(L)	E CHA	NGE	1+4						
Effective Date of Change										Delete		Change		
				Vı	EHICI	LE DESCRI	PTION							
MOPERM Vehicle	No.	Year	Make			Model				Is the vehicle used for Law Enforcement? Yes No			_	
Vehicle Identification No. (VIN)							Actual Pur		Vehicle Dept. and Use					
Has This Vehicle B	een Modified	With Special Equipment?	(If yes, please	specify the mo	dification	on and value.)								
		COVERAG	ES (CHEC	k Desire	p Co	VERAGES	& Noti	E DESIRE	ED DEDU	J CTIBI	LES)			
Liability Only	Med Pay	comprehensive Bedinenere \$				*IMPORTANT: Co						Agreed Value (Only ava on specialty uni		
Additional Insured		ay Coverage* Collision Deductible \$ MUST be provided above if full coverage is desired. on specialty units.) Name & Address												
Loss Payee	Name & A	adicss												
Additional Information Regarding Above Vehicle														
OTHER CHANGE or COMMENTS														
Effective Date														
Enecuve Date														
Completed By						Tit	le							

Questions? Call toll-free: 888-5MOPERM Ext. 26. Fax completed form to 573-751-8276.