OMAG
AUTO / TRAILER COVERAGE CHANGES

DATE: ______________

CITY / TOWN: ___________________________________________ PH#: ______________

PERSON REQUESTING CHANGES: ___________________________ FAX#: ______________

ADD: ___________ DELETE: ___________ CHANGE: ___________

DATE EFFECTIVE: ____________________

1. YEAR: _______________ 2. MAKE: _______________

3. MODEL: _______________________

4. TRAILER CLASS CODE: ____________________ *see below

5. VEHICLE IDENTIFICATION NUMBER: ____________________ *see below

Please supply complete 17 digit number.

6. MSRP: ____________________

Only need if full coverage is desired. (If factory delivered price is not available, list purchase price.)

VALUE OF EQUIPMENT: ____________________

Equipment must be listed to be covered under Equipment Physical Damage (equipment: lightbars, cameras, sirens, etc.)

7. DEPARTMENT USED BY & UNIT NO. ASSIGNED: ____________________

* Trailer Class Codes: Class Code 67499 Semi-Trailer (Trailers equipped with a fifth-wheel) Class Code 68499 Trailer with a load capacity of more than 2000 pounds Class Code 69499 Trailer with a load capacity of less than 2000 pounds

IMPORTANT: SPECIFY COVERAGE REQUESTED

(If LIABILITY coverage is the only coverage desired, please place a mark next to liability. If FULL COVERAGE is desired, please mark liability, comprehensive & collision coverages and list deductible amounts desired for comprehensive & collision.)

LIABILITY: _______________

COMPREHENSIVE: _______________

COLLISION: _______________

SPECIFIED PERILS: _______________

DEDUCTIBLE: ___________

DEDUCTIBLE: ___________

REASON FOR DELETING VEHICLE: ____________________

"I CERTIFY THAT THIS VEHICLE DOES NOT HAVE A SALVAGE TITLE AND THAT OUR CITY/TOWN DOES HOLD TITLE OR A LEASEHOLD INTEREST IN THIS VEHICLE."

AUTHORIZED SIGNATURE: ____________________

Fax to(405)657-1401, email to changes@omag.org, OR mail to OMAG at 3650 S. Blvd, Edmond, OK 73013-5581
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