

# Add/Change Form

## UCSD Vehicle Insurance Programs

Date: \_\_\_\_\_

Department: \_\_\_\_\_

**Policies:**

- 1) Liability coverage - mandatory
- 2) Physical damage insurance (optional)  
Deductible per occurrence: **\$500**
- 3) Excess physical damage coverage (optional) above \$25,000 in value: **Yes or No**

Department contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Mail Code: \_\_\_\_\_

- Vehicle is owned by department
- Vehicle is leased by department
- Fleet vehicle

P.O. or agreement number: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Addition                      | <input type="checkbox"/> Deletion   |
| <input type="checkbox"/> No longer University property | <input type="checkbox"/> Transfer to other UCSD department<br>Name: _____<br>(While in salvage for selling, department needs to keep insured) |

**Description of Vehicle**

9-digit UCID number: \_\_\_\_\_ 4-digit UCID number: \_\_\_\_\_

Year/make/model: \_\_\_\_\_

VIN serial number: \_\_\_\_\_

License number: \_\_\_\_\_

Vehicle value: \_\_\_\_\_  
(Amount should reflect current Blue Book value)

Index/fund number: \_\_\_\_\_

Insurance effective date: (Do not back date) \_\_\_\_\_

Insurance coverage requested by: \_\_\_\_\_  
(Authorized signature)

**FAX completed form to Risk Management Office, (858) 534-5202**

Risk Management Office Use

Acc Pac sent \_\_\_\_\_

Input to database \_\_\_\_\_