

# **MSU OPTIONAL FULL COVERAGE AUTO INSURANCE - REPORTING FORM**

Use form to obtain full coverage auto insurance for a vehicle or to report informational changes.

Complete for Each Vehicle and Forward to the appropriate individual/office:

MSU (5104) vehicles should be reported to Rob Hebert at Transportation Services 994-7651

AES (5109) vehicles should be reported to Jody Barney 994-3292

ES & FSTS (agency 5110 & 5119) vehicles should be reported to MSU Extension, c/o Sandy Rahn-Gibson 994-1792

Check here if vehicle is a courtesy vehicle and personal use will be allowed

## **General Information:**

Person Reporting: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Reason for Change/Add.: \_\_\_\_\_

Date of Acquisition: \_\_\_\_\_

Date of Disposal: \_\_\_\_\_

## **MSU Dept. Information:**

Dept. Name/Dept. Code: \_\_\_\_\_

Index # / Org.# : \_\_\_\_\_

## **Driver Information:**

Assigned Driver Name: \_\_\_\_\_

Assigned Driver GID# (last 4 digits only): \_\_\_\_\_

## **Vehicle Information:**

Vehicle Year: \_\_\_\_\_

License Plate #: \_\_\_\_\_

VIN # of Vehicle: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Leased? Yes/No \_\_\_\_\_

Vehicle a Loaner? Yes/No \_\_\_\_\_

Owner of Vehicle: \_\_\_\_\_

Market Value of Vehicle: \_\_\_\_\_

Monthly Lease Amount: \_\_\_\_\_

## **Insurance Information: (For Facilities Services Use Only)**

Vehicle Type: \_\_\_\_\_

Subtype: \_\_\_\_\_

Ins. Code: \_\_\_\_\_

Property Control Number: \_\_\_\_\_