



ARKANSAS  
SCHOOL BOARDS  
ASSOCIATION

RISK MANAGEMENT PROGRAM  
P.O. Box 165460  
Little Rock, AR 72216  
1.866.223.9587 phone  
501.687.0225 fax

## VEHICLE CHANGE FORM

SCHOOL DISTRICT: \_\_\_\_\_ LEA#: \_\_\_\_\_  
CAMPUS: \_\_\_\_\_

ADDITION EFFECTIVE DATE: \_\_\_\_\_

YEAR	MAKE/MODEL	BODY TYPE	BUS#	CAPACITY	* COMPLETE VIN #	PRICE	LIABILITY ONLY

*\*Use (2) lines if needed to provide complete VIN #*

*If a vehicle has been leased or financed, please provide the name, address and phone number of the company to add.  
\*Please note if the loss payee is different from that of the company the vehicle was purchased from.*

Company Name: \_\_\_\_\_  
Loss Payee: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

DELETION EFFECTIVE DATE: \_\_\_\_\_

YEAR	MAKE/MODEL	BODY TYPE	BUS#	CAPACITY	VIN #	PRICE	

\_\_\_\_\_  
Signature of Person Authorizing Change

\_\_\_\_\_  
Date