

STATE-OWNED MOTOR VEHICLE INSURANCE CHANGES

Please supply **COMPLETE** information. Changes are prorated and billed/credited at the end of the fiscal year. When adding vehicles, this form should be submitted **AFTER** you obtain the license plate. You have a 30-day grace period from the time you take possession to insure the vehicle. You will receive an email as confirmation when information has been entered into the system. ***Incomplete forms will be returned to you for completion.***

NOTE: Please do not notify Risk Management of your auto insurance needs. The AG's Office shares this information with Risk Management.

TYPE OR PRINT CLEARLY

Department _____ Division/Agency _____

Agency Contact Person _____ Phone # _____

Fax # _____

Vehicle 1

Add Delete Edit (mark change)

Budget Account & Category _____

Effective Date (*Added or Deleted*) _____

Year ____ Make (e.g., FORD) _____

Model (*F150/F250*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

Lic. # _____ Coverage

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Vehicle 2

Add Delete Edit (mark change)

Budget Account & Category _____

Effective Date (*Added or Deleted*) _____

Year ____ Make (e.g., FORD) _____

Model (*F150/F250*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

Lic. # _____ Coverage

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Vehicle 3

Add Delete Edit (mark change)

Budget Account & Category _____

Effective Date (*Added or Deleted*) _____

Year ____ Make (e.g., FORD) _____

Model (*F150/F250*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

Lic. # _____ Coverage

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Vehicle 4

Add Delete Edit (mark change)

Budget Account & Category _____

Effective Date (*Added or Deleted*) _____

Year ____ Make (e.g., FORD) _____

Model (*F150/F250*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

Lic. # _____ Coverage

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Vehicle 5

Add Delete Edit (mark change)

Budget Account & Category _____Effective Date (*Added or Deleted*) _____Year _____ Make (e.g., *FORD*) _____Model (*F150/F250*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

Lic. # _____ Coverage

*L - Liability (mandatory)**CC - Comprehensive & Collision (optional)***Vehicle 6**

Add Delete Edit (mark change)

Budget Account & Category _____Effective Date (*Added or Deleted*) _____Year _____ Make (e.g., *FORD*) _____Model (*F150/F250*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

Lic. # _____ Coverage

*L - Liability (mandatory)**CC - Comprehensive & Collision (optional)*

VEHICLE CLASSIFICATION	
PEV	Police Emergency Vehicle
FEV	Fire Emergency Vehicle
EHFV	Extra Heavy Fire Vehicle
AV	Agency Vehicle
ASUV	Agency SUV
AMIV	Agency Mini Van
C1	Class 1 Truck (<6,001 lbs)
C2	Class 2 Truck (6,001 – 10,000 lbs)
C3	Class 3 Truck (10,001 – 14,000 lbs)
C4	Class 4 Truck (14,001 – 16,000 lbs)
C5	Class 5 Truck (16,001 – 19,500 lbs)
C6	Class 6 Truck (19,501 – 26,000 lbs)
C7	Class 7 Truck (26,001 – 33,000 lbs)
C8	Class 8 Truck (33,001 and greater)
MC	Motorcycle
B1	Bus 1 (seating 1-8 people)
B2	Bus 2 (seating 9-20 people)
B3	Bus 3 (seating 21-60 people)
B4	Bus 4 (seating 60 people or more)
AGC	Agency Golf Cart
AT	Agency Trailer
APV1	Agency Passenger Van (seating 1-8 people)
APV2	Agency Passenger Van (seating 9-20 people)
APV3	Agency Passenger Van (seating 21-60 people)
APV4	Agency Passenger Van (seating 60 people or more)

Return by clicking "Submit Form" below to send by email:**To return by mail or fax:**

**Office of the Attorney General
DMV Legal/Tort Claims
555 Wright Way
Carson City, Nevada 89711**

**775-684-1263 telephone
775-684-4601 facsimile
agfleet@ag.nv.gov**