

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 liability or comprehensive & collision 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)

***Please see page 2 for complete list of vehicle classification codes/descriptions that are eligible for liability and /or comprehensive/collision(APD) coverage.**

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)

***Please see page 2 for complete list of vehicle classification codes/descriptions that are eligible for liability and /or comprehensive/collision(APD) coverage.**

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	DESCRIPTION
AV	Sedans
ACV-1	Van - Cargo
AGC	Golf Cart & Utility Carts
AMIV	Mini Van
APV1	Van - Passenger (seating 1-8 people)
APV2	Van - Passenger (seating 9-12 people)
APV3	Van - Passenger (seating 12 people or more)
ASUV	SUV
AT	Trailer <\$25,000
ATV/UTV	ATV's, UTV's, etc. <\$25,000
B2	Bus 2 (seating 12-20 people or more)
B3	**Bus 3 (seating 21-60 people)
B4	**Bus 4 (seating 60 people or more)
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)
EHFV	**Extra Heavy Fire Vehicle
FEV	**Fire Emergency Vehicle
MC	Motorcycle
PEV	Police Emergency Vehicle

****Bus Class 3/4; Truck Class 6-8 and Fire Vehicles are eligible for liability only. If agency needs physical damage coverage for those units, please contact the Risk Management Division at 775-687-1756 to obtain more information about the State's Supplemental Property Program.**

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**