

# 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)

**To return by mail or fax:**

**Office of the Attorney General**  
**100 North Carson Street**  
**Carson City, Nevada 89701-4717**

**775-684-1263 telephone**  
**775-684-1108 facsimile**  
**agfleet@ag.nv.gov**