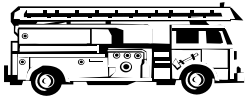


NMSIF Auto Addition/Change/Deletion Request Form



NMSIF OFFICE USE ONLY
↓ CONFIRMATION ↓

To: Underwriting Department
endorsements@nmml.org

Fax: (505)820-0670

Date: _____

From: _____

Municipality: _____

Phone: _____

Fax: _____

Email: _____

To: _____

From: _____

Date Rcvd: _____

Sent Confirmation: _____

Year: _____

Make/Model: _____

Vin #: _____

NMSIF Auto ID# _____

Add **Delete** **Change**

**Please complete and check all appropriate boxes:*

- Deletion or** **Change** NMSIF Auto ID# _____
- Addition** → Full Coverage Liability Only Comp & Collision Only
(For Trailers ONLY)

Department Code: _____

Fire Vehicle

Make: _____

Model: _____ ← *Name of Vehicle Required*

Year: _____

Type: *Truck* or *Passenger*

Las 6 #'s of Vin: _____

Cost New: \$ _____ ← *Required for Full Coverage*

Effective Date: _____

↓ NMSIF OFFICE USE ONLY ↓

NMSIF Auto ID#: _____

Date Endorsed: _____ **Initials:** _____