# NMSIF Auto Addition/Change/Deletion Request Form

**To:** Underwriting Department  
*Anne Nava or Kathy Hennessy*  
anava@nmml.org or khennessy@nmml.org  
**Fax:** (505)820-0670  
**Date:**  
**From:**  
**Municipality:**  
**Phone:**  
**Fax:**  
**Email:**  

**To:**  
**From:**  
**Fax:**  
**Date Rcvd:**  
**Year:**  
**Make/Model:**  
**Vin #:**  
**NMSIF Auto ID#**  
[ ] Add  [ ] Delete  [ ] Change

*Please complete and check all appropriate boxes:*

[ ] Deletion  [ ] 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:**

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FUND HEADQUARTERS  
P.O. BOX 846  
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(800) 432-2036