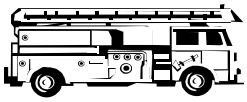
NMSIF Auto Addition/Change/Deletion Request Form



NMSIF OFFICE USE ONLY
↓ CONFIRMATION ↓

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 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:***_____

FUND HEADQUARTERS
P.O. BOX 846
SANTA FE, NEW MEXICO 87504
(800) 432-2036