VEHICLE ID FORM

When a new vehicle is received please complete this form and return to:

Office of Management Services
Catholic Center
P.O. Box 1410
Indianapolis, IN 46206-1410

Parish/Agency: ______________________________________ # ______

Date: _______________  Date Vehicle Obtained _____________________

Prepared By: ________________________________________

Make ____________  Model ___________________

Year _____________  VIN # _________________________

Indicate Which: _________ Owned      _________ Leased

If Leased, Name of Lessor to be listed on policy: ______________________________

Automobile _________ (If Automobile, No further information is required)

Other _________  (Please continue with appropriate section)

If a pick-up truck:
  Standard Bed __________
  Specialized Bed ________ Please describe: __________________________

If a Van:

  Cargo Van _________
    Does it have any seats other than driver seat? ________ Yes ________ No
    If yes, how many other seats __________________

  Passenger Van _________
    Rated Capacity for number of passengers including driver _________
    How many seats __________
    Please describe what purpose the parish/school/agency intends to use the
    Van for: _______________________________________________________

Over
If a School Bus:

   Rated Capacity for Number of Passengers ____________

   Is bus fully equipped with all School Bus identifications, including flashing lights, cross-arm Stop indicator, etc? ______ Yes _______ No

   Purpose for having bus ____________________________________________

   ________________________________________________________________

If a Truck other than a pick-up truck:

   Rated Size __________

   Type of Body:
      Dump Bed __________
      Van Body __________
      What Size Van Body __________

   Other (please describe) ____________________________________________

   ________________________________________________________________

If a Trailer:

   Number of axles __________

   Type of Trailer
      Flat Bed _______ what size _______
      Enclosed Trailer _______ what size _______

   Other ______

   Explain _______________________________________________________

   ________________________________________________________________

   Purpose of Trailer ______________________________________________

Should you have questions concerning this form, please contact Office of Management Services at 800/382-9836 ext 1452 or 236-1452.