

**Central Region School Insurance Group
Vehicle Update Form**

PLEASE COMPLETE FOR EACH VEHICLE

Place an A (add) in the first column if this vehicle is being added. Place a D (delete) in the first column if the vehicle is being removed from coverage.

A/D	Vehicle Type	Number of Passengers (Bus and Vans)	Vehicle Make	Vehicle Year	Vehicle Identification Number (VIN)

Name of District _____

Name of Person Completing Form _____ Date _____