

**Warren County**  
**Addition or Deletion of Vehicle/Equipment Information to Insurance**

**Complete this section for ALL CHANGES:**

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Person submitting this form: \_\_\_\_\_

**Complete this section for vehicle & equipment ADDITIONS:**

**Add** Effective (Date Placed in Service): \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_

GVW(highway vehicles only): \_\_\_\_\_

Cost New: \_\_\_\_\_

Current Market Value: \_\_\_\_\_

Note: Comprehensive and Collision coverage will be applied to any vehicle with a current value of \$10,000 or more. (excluding Sheriff Department Vehicles)

Garage Location (Town): \_\_\_\_\_

Vehicle Use: \_\_\_\_\_

Special Equipment Attached: \_\_\_\_\_

Warren County Inventory #: \_\_\_\_\_

Leased: Y or N

- ID cards will be emailed to you.
- **Send a copy of the vehicle registration documents to Self-Insurance when available.**

**Complete this section for vehicles & equipment DELETIONS and TRANSFERS:**

**Delete** Effective (Date Plates Surrendered/Transferred): \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ VIN: \_\_\_\_\_ County Inventory # \_\_\_\_\_

- For vehicles with license plates, this form must be accompanied by the green FS6 form received from DMV when plates are turned in. (Deletions can not be completed unless FS6 is received with this form.)

**TRANSFERS:** For Vehicle Transfers, complete the delete section, do not turn in the plates, indicate here the department that the vehicle is going to: \_\_\_\_\_.

**Send this form to:** Warren County SIF Email:warrencountyinsurance@warrencountyny.gov Phone: 761-6529 Fax: 761-6249