

**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): \_\_\_\_\_ Licensed for road use: Y\_\_\_ or N\_\_\_

Vehicle Use: \_\_\_\_\_ Dump body: Y\_\_\_ or N\_\_\_

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

Warren County Car #: \_\_\_\_\_ Warren County Asset #: \_\_\_\_\_

Leased: Y\_\_\_ or N\_\_\_

• ID cards will be emailed to you. (Please check the VIN# when received)

**Complete this section for Physical Damage Coverage CHANGES to vehicles:** (see note above)

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

VIN: \_\_\_\_\_ EFFECTIVE DATE of CHANGE: \_\_\_\_\_

\_\_\_ ADD Physical Damage Coverage

\_\_\_ DELETE Physical Damage

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

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

Make: \_\_\_\_\_ VIN: \_\_\_\_\_ Car # \_\_\_\_\_ Asset# \_\_\_\_\_

**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