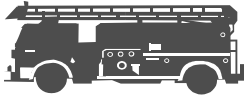


# NMSIF Auto Addition/Change/Deletion Request Form



**NMSIF OFFICE USE ONLY**  
↓ CONFIRMATION ↓

**To:** Underwriting Department  
*Anne Nava or Kathy Hennessy*  
endorsements@nmml.org

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Municipality:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Make:** \_\_\_\_\_

**Model:** \_\_\_\_\_ ← *Name of Vehicle*

**Required**

**Year:** \_\_\_\_\_

**Type:**    **Truck**      or       **Passenger**      **Fire Truck**

**Last 6 #'s of Vin:** \_\_\_\_\_

**Cost New: \$** \_\_\_\_\_ ← **Required for Full Coverage**

**Effective Date:** \_\_\_\_\_

↓ NMSIF OFFICE USE ONLY ↓

**NMSIF Auto ID#:** \_\_\_\_\_

**Date Endorsed:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

FUND HEADQUARTERS  
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(800) 432-2036