



ARCHDIOCESE OF MIAMI
Motor Vehicle Insurance

REV. 06/10
Self-Insurance Program
Vehicles – Form 88-002

**ADDITION OR CANCELLATION OF INSURANCE
FOR DESCRIBED VEHICLE**

NAME OF PARISH, SCHOOL OR AGENCY	ENTITY NO.	EFFECTIVE DATE OF CHANGE		
		MONTH:	DAY:	YEAR:

VEHICLE DESCRIPTION

MAKE	MODEL	YEAR	IDENTIFICATION NO.	LICENSE TAG NO.
NUMBER OF PASSENGERS:	BODY: <input type="checkbox"/> 2 DOORS <input type="checkbox"/> TRUCK		WEIGHT:	
	<input type="checkbox"/> 4 DOORS <input type="checkbox"/> BUS			
COLOR:	<input type="checkbox"/> STATION WAGON <input type="checkbox"/> VAN			

AUTHORIZED DRIVERS *(Please submit copy of the Driver's License when adding a new driver)*

DRIVER'S NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	DRIVER'S LICENSE
1.			
2.			
3.			
4.			
5.			
6.			
7.			

HAVE THESE DRIVERS BEEN SUBMITTED TO YANEL KOENITZER AT THE ADOM FOR MVR CHECK? _____

<input type="checkbox"/> PROVIDE INSURANCE FOR ABOVE VEHICLE I) Vehicle was: <input type="checkbox"/> PURCHASED <input type="checkbox"/> LEASED <input type="checkbox"/> OTHER _____ II) It is going to be used for: <input type="checkbox"/> TRANSPORTATION OF PERSONS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> CANCEL INSURANCE FOR ABOVE VEHICLE I) Vehicle was: <input type="checkbox"/> SOLD <input type="checkbox"/> LEASE EXPIRED AS OF _____ <input type="checkbox"/> JUNKED <input type="checkbox"/> TRADED-IN <input type="checkbox"/> OTHER _____
III) It is: <input type="checkbox"/> ADDITIONAL VEHICLE <input type="checkbox"/> REPLACEMENT IV) Copy of Title: <input type="checkbox"/> ENCLOSED <input type="checkbox"/> WILL BE FORWARDED WHEN AVAILABLE	

SUBMITTED BY:

FOR ARCHDIOCESE OF MIAMI PASTORAL CENTER USE ONLY

PASTOR / ADMINISTRATOR

DATE

PROCESSED BY

DATE