



AUTO PHYSICAL DAMAGE (APD) COVERAGE FOR STATE VEHICLES

For *State-Owned* Vehicles & Specialized Vehicles

Agency Name:		Agency #:
Contact Name:		
Phone Number:	Email Address:	

ADDING VEHICLE	DELETING VEHICLE
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VEHICLE INFORMATION

Kind:	Car	Motor Home	
	Bus	Tractor	Other:
	Passenger Van	Trailer	
<i>Please complete all information</i>	Year:	VIN/Serial #:	
	Make:	Tag #:	
	Model:	# of Passengers:	
List the general type of use for this vehicle:			

If deleting a vehicle, stop here.

LOCATION AND PARKING SECURITY

Physical Location or Address where generally parked:			
Kind of Parking:	parking garage	residence	
	outdoor parking lot	other:	
Security Measures Used:	Guard	Gated	Other:
		Alarms	Cameras

VALUATION

REPLACEMENT Cost:	\$
ACV (Actual Cash Value) Cost:	
Date for coverage to become effective (if no date is listed, effective date will be date of receipt) :	

RETURN TO: Risk Management
P.O. Box 53364
Oklahoma City OK 73152-3364

or

EMAIL: SRM.Underwriting@omes.ok.gov
FAX: 405/522-4442

Please email any questions or request for an electronic copy of this form to: SRM.Underwriting@omes.ok.gov.
A representative will contact you shortly.