

Northern Communities Insurance Program (NCIP)



AUTOMOBILE/EQUIPMENT CHANGE REQUEST

ADDITION ___ DELETION ___ CHANGE ___

Name of Community _____

Effective date of change (mo/day/yr) _____

Description:

- Year: _____
- Manufacturer/Make: _____
- Model: _____
- Body type: _____
- Serial no. _____
- Purchase price (include transport cost): _____
- Total GVW (include allowable passenger & cargo loads): _____ *
- GWV (Gross vehicle weight)
- Use of vehicle/equipment: _____

Name of Lien Holder or Leasing Company: _____

Address: _____

Completed by: _____ Date: _____

Position _____

*** This is important in order to class the vehicle**

FAX to NCIP @ 867.873.3042