



AUTO IDENTIFICATION CARD REQUEST FORM

SEND TO: BRETT NEALIS/MEGHAN BERGERON

E-mail: kilgarriff_unit@grahamco.com

Questions filling out this form? Please call 800-564-7040

Church Name:

Mailing Address:

City, State, Zip Code:

Church ID #

Requested by:

Email Address & Phone No.:

Effective Date of Change:

ADDITION OF VEHICLE

DELETION OF VEHICLE

- Vehicle Year:
- Vehicle Make:
- Vehicle Model:
- Vehicle VIN
- Garaged Location (City/State/Zip):
- Cost New:

Leased or Financed? Yes **No**

If yes, please provide the Name and Address of Additional Insured/Loss Payee: