



My School Insurance
P.O. Box 7518
Surprise, AZ 85374

Toll Free:
877-766-7518



Name _____ Phone _____ F.E.I.N. ____ - _____

Vehicle 1 Add/Delete _____ Date change will take effect _____

| Year | Make | Model | # Passengers | Cost New | V.I.N. |
|-------|-------|-------|--------------|----------|--------|
| _____ | _____ | _____ | _____ | \$ _____ | _____ |

Vehicle 2 Add/Delete _____ Date change will take effect _____

| Year | Make | Model | # Passengers | Cost New | V.I.N. |
|-------|-------|-------|--------------|----------|--------|
| _____ | _____ | _____ | _____ | \$ _____ | _____ |

Vehicle 3 Add/Delete _____ Date change will take effect _____

| Year | Make | Model | # Passengers | Cost New | V.I.N. |
|-------|-------|-------|--------------|----------|--------|
| _____ | _____ | _____ | _____ | \$ _____ | _____ |