

AUTO PHYSICAL DAMAGE (APD) COVERAGE FOR STATE VEHICLES

For *State-Owned* Vehicles & Specialized Vehicles

Agency:							
Contact name:							
Phone number:			Ema	Email address:			
ADDING VEHICLE				DELETING VEHICLE			
VEHICLE INFORMATION							
Ca	Car			Motor home			
Kind: Bu	us Tra			octor Other:			
Pa	assenger						
Please complete all information	Year:			VIN/Serial No.:			
	Make:			Tag No.:			
	Model:				No. 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		nce		
Kind of parking	•	Outdoor parking lot	Other				
Security measures used:		ad.	Guar	d	Gated		Other
				Alarms Ca		neras	
VALUATION							
REPLACEMENT Cost:							
ACV (Actual Cash Value) Cost:						st:	\$
Date for coverage to become effective (if no date is listed, effective date will be date of receipt):							
Fund to be billed for premium							

RETURN TO: OSU Risk Management

618 N Monroe

Stillwater, OK 74078 FAX: 405-744-7888

or

EMAIL: r.stall@okstate.edu