



Roman Catholic Archdiocese of San Francisco
One Peter Yorke Way, San Francisco, CA 94109 (415) 614.5500

VEHICLE CHANGE FORM

Please **ADD** coverage effective: _____

Please **DELETE** coverage effective: _____

REGISTERED OWNER WILL BE
 WAS

Year Make / Model License #

Vehicle Identification Number

\$

Value Dept. Location Number

Parish / Agency		
Address		
City	State	Zip

VEHICLE TYPE / PASSENGER CAPCITY	
<input type="checkbox"/> Car	/
<input type="checkbox"/> Van	/
<input type="checkbox"/> Bus	/
<input type="checkbox"/> Truck	/

LEGAL OWNER WILL BE
 WAS

- Roman Catholic Archdiocese of San Francisco
- Roman Catholic Welfare Corporation
- Catholic Charities CYO
- Other _____

Reported By: _____

Email: _____

Telephone: _____

****We have filed release of liability with the DMV as required by law**

YES **NO**

Send this completed form to both of the following:

Archdiocese of San Francisco
 Finance Department, Attn: Siena Perez
 Email: Perez@sfarchdiocese.org

Arthur J. Gallagher & Co. Insurance
 Attn: Fumiko Linger
 Email: Fumiko.Linger@ajg.com