

**STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL  
100 North Carson Street  
Carson City NV 89701-4717  
(775) 684-1263 Fax (775) 684-1275**

**NOTE: Please do not notify  
Risk Management of your  
Auto Insurance needs. The AG's  
Office shares this information  
with Risk Management.**

**STATE-OWNED MOTOR VEHICLE INSURANCE CHANGES**

**Please supply COMPLETE information. Our database cannot accept blank fields. Changes are prorated and billed/credited at the end of the fiscal year. When adding vehicles, this form should be submitted **AFTER** you obtain the license plate. You have a 30-day grace period from the time you take possession to insure the vehicle. This form will be returned to you, initialed in red, as confirmation when information has been entered into the system. *Incomplete forms will be returned to you for completion.***

**TYPE OR PRINT CLEARLY**

Department \_\_\_\_\_ Division/Agency \_\_\_\_\_

Agency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

**Vehicle 1**

- Add       Delete  
 Edit (highlight change)

Budget Account No. \_\_\_\_\_

Effective Date (*Added or Deleted*) \_\_\_\_\_

Year \_\_\_\_\_ Make (*e.g., FORD*) \_\_\_\_\_

Model (*e.g., TAURUS*) \_\_\_\_\_

VIN \_\_\_\_\_

Lic. # \_\_\_\_\_ Coverage L \_\_\_\_\_

*L - Liability (mandatory)  
CC - Comprehensive & Collision (optional)*

**Vehicle 2**

- Add       Delete  
 Edit (highlight change)

Budget Account No. \_\_\_\_\_

Effective Date (*Added or Deleted*) \_\_\_\_\_

Year \_\_\_\_\_ Make (*e.g., FORD*) \_\_\_\_\_

Model (*e.g., TAURUS*) \_\_\_\_\_

VIN \_\_\_\_\_

Lic. # \_\_\_\_\_ Coverage L \_\_\_\_\_

*L - Liability (mandatory)  
CC - Comprehensive & Collision (optional)*

**Confirmation of Request  
By AG's office: \_\_\_\_\_**

**Confirmation of Request  
By AG's office: \_\_\_\_\_**

Check here if more on back 

**Vehicle 3**

Add

Delete

Edit (highlight change)

Budget Account No. \_\_\_\_\_

Effective Date (*Added or Deleted*) \_\_\_\_\_

Year \_\_\_\_\_ Make (e.g., *FORD*) \_\_\_\_\_

Model (e.g., *TAURUS*) \_\_\_\_\_

VIN \_\_\_\_\_

Lic. # \_\_\_\_\_ Coverage **L** \_\_\_\_\_

*L - Liability (mandatory)*

*CC - Comprehensive & Collision (optional)*

Confirmation of Request  
By AG's office: \_\_\_\_\_

**Vehicle 4**

Add

Delete

Edit (highlight change)

Budget Account No. \_\_\_\_\_

Effective Date (*Added or Deleted*) \_\_\_\_\_

Year \_\_\_\_\_ Make (e.g., *FORD*) \_\_\_\_\_

Model (e.g., *TAURUS*) \_\_\_\_\_

VIN \_\_\_\_\_

Lic. # \_\_\_\_\_ Coverage **L** \_\_\_\_\_

*L - Liability (mandatory)*

*CC - Comprehensive & Collision (optional)*

Confirmation of Request  
By AG's office: \_\_\_\_\_

**Vehicle 5**

Add

Delete

Edit (highlight change)

Budget Account No. \_\_\_\_\_

Effective Date (*Added or Deleted*) \_\_\_\_\_

Year \_\_\_\_\_ Make (e.g., *FORD*) \_\_\_\_\_

Model (e.g., *TAURUS*) \_\_\_\_\_

VIN \_\_\_\_\_

Lic. # \_\_\_\_\_ Coverage **L** \_\_\_\_\_

*L - Liability (mandatory)*

*CC - Comprehensive & Collision (optional)*

Confirmation of Request:  
By AG's office: \_\_\_\_\_

**Vehicle 6**

Add

Delete

Edit (highlight change)

Budget Account No. \_\_\_\_\_

Effective Date (*Added or Deleted*) \_\_\_\_\_

Year \_\_\_\_\_ Make (e.g., *FORD*) \_\_\_\_\_

Model (e.g., *TAURUS*) \_\_\_\_\_

VIN \_\_\_\_\_

Lic. # \_\_\_\_\_ Coverage **L** \_\_\_\_\_

*L - Liability (mandatory)*

*CC - Comprehensive & Collision (optional)*

Confirmation of Request:  
By AG's office: \_\_\_\_\_

**Return (via fax or mail) completed form to:**

**Lisbet Sherwood**

**Office of the Attorney General**

**100 North Carson Street**

**Carson City, Nevada 89701-4717**