



# NSHE – RISK MANAGEMENT

## NSHE-OWNED MOTOR VEHICLE INSURANCE CHANGES

**Please fax this form to: Office of the Attorney General 775-684-1275 and to  
BCN Risk Management at 775-784-4363  
BCS Risk Management at 702-895-4690**

**Please supply COMPLETE information. Our database cannot accept blank fields. Changes are pro-rated 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 # \_\_\_\_\_

Budget Account Insurance Premiums paid from \_\_\_\_\_

**Vehicle 1**    Add    Delete  
Edit (highlight change)

**Vehicle 2**    Add    Delete  
Edit (highlight change)

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

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

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

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

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

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

VIN \_\_\_\_\_

VIN \_\_\_\_\_

Lic. # \_\_\_\_\_ Coverage **L** \_\_\_\_\_  
*L - Liability Mandatory,  
CC - Comprehensive & Collision (optional)*

Lic. # \_\_\_\_\_ Coverage **L** \_\_\_\_\_  
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Confirmation of Request:  
By AG's office: \_\_\_\_\_

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

Check here if more on back 

Budget Account # \_\_\_\_\_

**Vehicle 3**    Add        Delete  
                  Edit (highlight change)

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)

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)

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)

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: \_\_\_\_\_

**Fax completed form to:**  
**Tort Claims Division - Office of the Attorney General Fax: 775-684-1275**  
**BCN Risk Management at 775-784-4363**  
**BCS Risk Management at 702-895-4690**