

**INSURANCE INFORMATION FOR
ADDING/DELETING INSURANCE COVERAGE
FOR VEHICLES AND LOCATIONS**

Employee Completing Form: _____ Date Completed: _____

Please check the applicable section(s) and complete ALL items under that section so proper insurance coverage can be added. Completed forms should be called in, emailed or faxed immediately to Cathy Rice (phone: 423-303-3519, email: cathy@fratn.com, fax: 423-472-4823).

NEW LOCATION

1. **Building Coverage** (Circle One) YES NO
If Yes, Amount Needed*: _____ Effective Date: _____

2. **Contents Coverage** (Circle One) YES NO
If Yes, Amount Needed*: _____ Effective Date: _____

3. **Complete Address:** _____
Location Name

Street Address City State Zip Code

4. **Square Footage** (of the space we occupy): _____ 5. **Year Built:** _____

6. **Type of Structure:** _____

7. **# Of Children Enrolled at Location** (estimate if center is not yet open): _____

VEHICLE PURCHASE

1. **Purchase Date** (Effective Date for Coverage to Begin): _____

2. **Vehicle Info:** Year: _____ Make: _____ Model: _____

3. **Purchase Price:** _____ 4. **VIN #:** _____

5. **Where Vehicle Will Be Kept:** Center: _____ County: _____

6. **Employee Who Will Forward Original Title To Exec Asst:** _____

LOCATION CHANGE (MOVE OUT/NO LONGER AT THIS LOCATION)

1. **Complete Address:** _____
Location Name

Street Address City State Zip Code

2. **Date to Delete Insurance Coverage at Above Location:** _____

VEHICLE SALE

1. **Vehicle:** _____ 2. **VIN #:** _____
Year Make Model

3. **Date Sold/Date to Remove from Insurance:** _____

4. **Inventory Deletion Form Completed?** (circle one) YES NO