

**OMAG  
AUTO / TRAILER COVERAGE CHANGES**

DATE: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_

PH#: \_\_\_\_\_

PERSON REQUESTING CHANGES: \_\_\_\_\_

FAX#: \_\_\_\_\_

ADD: \_\_\_\_\_

DELETE: \_\_\_\_\_

CHANGE: \_\_\_\_\_

DATE EFFECTIVE: \_\_\_\_\_

**Loss Payee**

*If bank has requested to be listed as "loss payee" (LP) on this vehicle please write bank name & address w/city, state & zip code below.*

1. YEAR: \_\_\_\_\_

2. MAKE: \_\_\_\_\_

3. MODEL: \_\_\_\_\_

*If deleting LP you may use this form. Please make sure you list the vehicle you are deleting the LP from.*

4. TRAILER CLASS CODE: \_\_\_\_\_ \*see below

5. VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

*Please supply complete 17 digit number.*

6. MSRP: \_\_\_\_\_

*Only need if full coverage is desired. (If factory delivered price is not available, list purchase price.)*

VALUE OF EQUIPMENT: \_\_\_\_\_

*Equipment must be listed to be covered under Equipment Physical Damage (equipment: lightbar cameras, sirens, etc.)*

7. DEPARTMENT USED BY & UNIT NO. ASSIGNED: \_\_\_\_\_

\* **Trailer Class Codes**: **Class Code 67499** Semi-Trailer (Trailers equipped with a fifth-wheel) **Class Code 68499** Trailer with a load capacity of more than 2000 pounds **Class Code 69499** Trailer with a load capacity of less than 2000 pounds

(If **LIABILITY** coverage is the only coverage desired, please place a mark next to liability. If **FULL COVERAGE** is desired, please mark liability, comprehensive & collision coverages and list deductible amounts desired for comprehensive & collision.)

**IMPORTANT: SPECIFY COVERAGE REQUESTED**

LIABILITY: \_\_\_\_\_

COMPREHENSIVE: \_\_\_\_\_

COLLISION: \_\_\_\_\_

SPECIFIED PERILS: \_\_\_\_\_

DEDUCTIBLE: \_\_\_\_\_

DEDUCTIBLE: \_\_\_\_\_

REASON FOR DELETING VEHICLE: \_\_\_\_\_

"I CERTIFY THAT THIS VEHICLE DOES NOT HAVE A SALVAGE TITLE AND THAT OUR CITY/TOWN DOES HOLD TITLE OR A LEASEHOLD INTEREST IN THIS VEHICLE."

AUTHORIZED SIGNATURE: \_\_\_\_\_

Fax to (405)657-1401, email to [changes@omag.org](mailto:changes@omag.org), OR mail to OMAG at 3650 S. Blvd, Edmond, OK 73013-5581  
(This form may be copied or printed from [www.omag.org](http://www.omag.org) - Forms)