

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City NV 89701-4717
(775) 684-1263 telephone
(775) 684-1145 facsimile

**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. 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. You will receive an email 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 (*F150/F250 FORD*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

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 (*F150/F250 FORD*) _____

VIN _____

VEHICLE CLASSIFICATION CODE _____

Lic. # _____ Coverage L _____

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

Confirmation By AG's office: _____

Confirmation 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 (*F150/F250 FORD*)_____

VIN _____

VEHICLE CLASSIFICATION CODE_____

Lic. #_____ Coverage L_____

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Confirmation 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 (*F150/F250 FORD*)_____

VIN _____

VEHICLE CLASSIFICATION CODE_____

Lic. #_____ Coverage L_____

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Confirmation 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 (*F150/F250 FORD*)_____

VIN _____

VEHICLE CLASSIFICATION CODE_____

Lic. #_____ Coverage L_____

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Confirmation 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 (*F150/F250 FORD*)_____

VIN _____

VEHICLE CLASSIFICATION CODE_____

Lic. #_____ Coverage L_____

L - Liability (mandatory)

CC - Comprehensive & Collision (optional)

Confirmation By AG's office: _____

Return completed form by email to:

Email address: agfleet@ag.nv.gov

Office of the Attorney General

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Carson City, Nevada 89701-4717

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