

**THE DIOCESE OF TUCSON**

**Auto Endorsement Change Request**

**ALL VEHICLE CHANGES MUST BE REPORTED WITHIN 30 DAYS IN WRITING AND SENT TO:**

**PROPERTY AND INSURANCE OFFICE  
P.O. BOX 31  
Tucson, Arizona 85702-0031  
EMAIL: [liza@diocesetucson.org](mailto:liza@diocesetucson.org)**

**PARISH/PRIEST/ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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

**ADDING A VEHICLE**

**YEAR:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**VIN: #** \_\_\_\_\_

**LIEN HOLDER:** \_\_\_\_\_

NAME OF LOAN INSTITUTION

ATTENTION

MAILING ADDRESS

CITY

STATE

ZIP CODE

**AMOUNT INVOICED: \$** \_\_\_\_\_

**DELETING A VEHICLE**

**YEAR:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**VIN: #** \_\_\_\_\_

**AMOUNT CREDITED: \$** \_\_\_\_\_

**TRANSFERRING A VEHICLE**

(Use this section to internally transfer a covered vehicle from one of your locations to another of your locations)

**YEAR:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**VIN: #** \_\_\_\_\_

**PREVIOUS LOCATION:** \_\_\_\_\_

MAILING ADDRESS

CITY

STATE

ZIP CODE

**NEW LOCATION:** \_\_\_\_\_

MAILING ADDRESS

CITY

STATE

ZIP CODE