

MONTANA AGRICULTURE EXPERIMENT STATION VEHICLE COMPREHENSIVE/COLLISION INSURANCE

GENERAL INFORMATION

Date of Report: _____

Person Reporting: _____

Phone #: _____

Email: _____

Reason: Change Add

Date of Acquisition: _____

Date of Disposal: _____

MSU DEPT. INFORMATION

Dept. Name: _____

Org. #: _____

(Contact Person) PI: _____

Phone #: _____

E-mail: _____

INSURANCE INFORMATION

Coverage: Full Liability

Index for Insurance: _____

Index for License Fee: _____

VEHICLE INFORMATION

Vehicle Year: _____

License Plate Number: _____

VIN # of Vehicle: _____

Vehicle Make: _____

Vehicle Model: _____

Color: _____

Market Value of Vehicle: _____

Monthly Lease Amount: _____

Mileage: _____

Engine: V6 8 Cylinders

Drive: 2 Wheel 4 Wheel

Leased: Yes No

Loaned: Yes No

Extended Cab: Yes No

Transmission: Automatic Manual