

Section 7.

Vehicles and Vehicle Insurance (Cars/Boats/RVs)

Driver Information:

Name of Driver: _____
Driver's License # _____ Expiration Date: _____
Is Donor card signed? _____

Name of Driver: _____
Driver's License # _____ Expiration Date: _____
Is Donor card signed? _____

Name of Driver: _____
Driver's License # _____ Expiration Date: _____
Is Donor card signed? _____

Name of Driver: _____
Driver's License # _____ Expiration Date: _____
Is Donor card signed? _____

Vehicle Information:

DMV license # of vehicle: _____ Purchase date and price: _____
Vehicle ID (VIN) #: _____
Make, Model and Color: _____
Registration renewal date and amount: _____
Location of title: _____
Names(s) on title: _____
If joint ownership, is listed as "And" or as "Or"?: _____
Location of loan or lease paperwork: _____
Location of warranties, service contracts: _____
Location of vehicle maintenance records/receipts: _____
Location of vehicle: _____
Insurance Company Name: _____ Rep. Name: _____
Telephone #: () _____ Email: _____
Policy #: _____ Deductibles: Collision: _____ Comprehensive: _____
Location of policy: _____ Coverage Limit: _____

Vehicle Information:

DMV license # of vehicle: _____ Purchase date and price: _____
Vehicle ID (VIN) #: _____
Make, Model and Color: _____
Registration renewal date and amount: _____
Location of title: _____
Names(s) on title: _____
If joint ownership, is listed as "And" or as "Or"?: _____
Location of loan or lease paperwork: _____
Location of warranties, service contracts: _____
Location of vehicle maintenance records/receipts: _____
Location of vehicle: _____
Insurance Company Name: _____ Rep. Name: _____
Telephone #: () _____ Email: _____
Policy #: _____ Deductibles: Collision: _____ Comprehensive: _____
Location of policy: _____ Coverage Limit: _____

Vehicle Information:

DMV license # of vehicle: _____ Purchase date and price: _____
Vehicle ID (VIN) #: _____
Make, Model and Color: _____
Registration renewal date and amount: _____
Location of title: _____
Names(s) on title: _____
If joint ownership, is listed as "And" or as "Or"?: _____
Location of loan or lease paperwork: _____
Location of warranties, service contracts: _____
Location of vehicle maintenance records/receipts: _____
Location of vehicle: _____
Insurance Company Name: _____ Rep. Name: _____
Telephone #: () _____ Email: _____
Policy #: _____ Deductibles: Collision: _____ Comprehensive: _____
Location of policy: _____ Coverage Limit: _____

DMV license # of vehicle: _____ **Purchase date and price:** _____
Vehicle ID (VIN) _____
Make, Model and Color: _____
Registration renewal date and amount: _____
Location of title: _____
Names(s) on title: _____
If joint ownership, is listed as "And" or as "Or"?: _____
Location of loan or lease paperwork: _____
Location of warranties, service contracts: _____
Location of vehicle maintenance records/receipts: _____
Location of vehicle: _____
Insurance Company Name: _____ Rep. Name: _____
Telephone #: () _____ Email: _____
Policy #: _____ Deductibles: Collision: _____ Comprehensive: _____
Location of policy: _____ Coverage Limit: _____

DMV license # of vehicle: _____ **Purchase date and price:** _____
Vehicle ID (VIN) #: _____
Make, Model and Color: _____
Registration renewal date and amount: _____
Location of title: _____
Names(s) on title: _____
If joint ownership, is listed as "And" or as "Or"?: _____
Location of loan or lease paperwork: _____
Location of warranties, service contracts: _____
Location of vehicle maintenance records/receipts: _____
Location of vehicle: _____
Insurance Company Name: _____ Rep. Name: _____
Telephone #: () _____ Email: _____
Policy #: _____ Deductibles: Collision: _____ Comprehensive: _____
Location of policy: _____ Coverage Limit: _____

DMV license # of vehicle: _____ **Purchase date and price:** _____
Vehicle ID (VIN) #: _____
Make, Model and Color: _____
Registration renewal date and amount: _____
Location of title: _____
Names(s) on title: _____
If joint ownership, is listed as "And" or as "Or"?: _____
Location of loan or lease paperwork: _____
Location of warranties, service contracts: _____
Location of vehicle maintenance records/receipts: _____
Location of vehicle: _____
Insurance Company Name: _____ Rep. Name: _____
Telephone #: () _____ Email: _____

RV/Boat/Car Off-Site Storage Location:

Description of vehicles at storage facility:

Name of Facility

Address: _____

Telephone #:() _____

Access hours: _____

Gate instructions:

_____ Key Location or combination:

_____ Date and Amount Rent Due:

_____ Does the facility send a monthly bill? YES NO

Automatic debit from bank account? YES NO