

**FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM**

**VEHICLE ADDITION OR DELETION FROM INVENTORY FORM**

**TO:** Risk Management Office

**FROM:** \_\_\_\_\_  
*Risk Management Coordinator*

\_\_\_\_\_  
*College Name*

**SUBJECT:** Vehicle Coverage - Addition or Deletion

**ADDITION:** Please add the following for vehicle coverage.

| ID# | Owned/<br>Leased | Year | Make | Model | Type | Serial # | ACV *<br>Value |
|-----|------------------|------|------|-------|------|----------|----------------|
|     |                  |      |      |       |      |          |                |
|     |                  |      |      |       |      |          |                |
|     |                  |      |      |       |      |          |                |
|     |                  |      |      |       |      |          |                |
|     |                  |      |      |       |      |          |                |
|     |                  |      |      |       |      |          |                |

\*ACV - Actual Cash Value

**DELETION:** Please delete the following from vehicle coverage.

| ID# | Owned/<br>Leased | Year | Make | Model | Type | Serial # | Value |
|-----|------------------|------|------|-------|------|----------|-------|
|     |                  |      |      |       |      |          |       |
|     |                  |      |      |       |      |          |       |
|     |                  |      |      |       |      |          |       |
|     |                  |      |      |       |      |          |       |

**Risk Management Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| <i>FCSRMC USE ONLY</i>           |                 |
|----------------------------------|-----------------|
| <b>COVERAGE:</b>                 | <b>ENTERED:</b> |
| <input type="checkbox"/> Added   | Date _____      |
| <input type="checkbox"/> Deleted | By _____        |