

**ROMAN CATHOLIC ARCHDIOCESE OF LOS ANGELES
AUTOMOBILE ADD/DELETE/CHANGE FORM**

This form must be completed and submitted within 10 days of ANY vehicle change.
Mail, fax or email to:

Arthur J. Gallagher & Co.
Attn: Diocesan Unit, PO Box 7443, San Francisco CA 94520
FAX: (415) 536-8499
EMAIL: Jenny_Borino@ajg.com
Do Not Mail to the Archdiocese

LOCATION NAME AND NUMBER: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

ADD: PURCHASED / DONATED / TRANSFERRED VEHICLES

YEAR: _____ MAKE & MODEL: _____
FULL VEHICLE ID#: _____ LICENSE #: _____
PURCHASE DATE (Coverage Effective Date): _____
NEW ___ USED ___ DONATED ___ TRANSFERRED** _____ PRICE \$ _____
PRIMARY DRIVER NAME: _____
NAME OF REGISTERED OWNER*: _____

*** Note: To be added to Archdiocesan coverage, vehicle must be registered to "The Roman Catholic Archbishop of Los Angeles, a Corporation Sole".**

**** IF TRANSFERRED FROM ANOTHER ARCHDIOCESAN LOCATION, LOCATION NAME AND CITY: _____**

DELETE: SOLD/ JUNKED/ TOTALED OR TRANSFERRED VEHICLES

YEAR: _____ MAKE & MODEL: _____
FULL VEHICLE ID#: _____ LICENSE #: _____
DATE SOLD/TRANSFERRED: _____ (DELETION DATE)

NOTE: LAW REQUIRES FORM 138 BE FILED WITH THE DEPARTMENT OF MOTOR VEHICLES FOR ALL VEHICLES SOLD. REGISTERED OWNER IS LEGALLY LIABLE FOR VEHICLE UNTIL THAT FORM IS FILED AS REQUIRED.

NAME & ADDRESS OF NEW REGISTERED OWNER: _____

****IF TRANSFERRED TO OTHER ARCHDIOCESAN LOCATION, LOCATION NAME & CITY:**

NOTE: VEHICLE CANNOT BE TRANSFERRED NOR CREDIT GIVEN IF NEW LOCATION NAME & CITY NOT PROVIDED - CREDITS WILL NOT BE BACKDATED MORE THAN 30 DAYS SO PLEASE REPORT AS CHANGES THEY OCCUR

REPORTED BY: _____ DATE: _____
PHONE#: _____ EMAIL: _____

