

AUTOMOBILE INSURANCE REQUEST FORM

1. *Contact Information:*

Department/School: _____

Address: _____

Person to Contact/Phone #: _____

2. Dept. Billing Code: _____

3. ***Vehicle Description:***

<u>Year</u>	<u>Make/Model</u>	<u>VIN #</u>
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4. *Please make sure the following paperwork is attached:*

RMV-1 _____ Certificate of Origin/Title _____ Lease Agreement/Bill of Sale _____

RETURN COMPLETED FORM TO:
RMAS – Insurance Department
1350 Massachusetts Avenue – Holyoke Center 460
Tel: (617) 495-8668 – Fax: (617) 496-0505