

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
1033 Massachusetts Avenue – Suite 360
Cambridge, MA 02138
Tel: (617) 495-7971 – Fax: (617) 496-0505