



Finance

Diocese of Rockford

555 Colman Center Dr.
P.O. Box 7044
Rockford, IL 61125

(815) 399-4300
Fax: (815) 399-5591

Automobile Insurance Request Form

Parish/Agency: _____ City: _____

Priest's Name: _____

Address: _____

City: _____ Zip _____

VEHICLE INFORMATION	
Year	
Make	
Model	
VIN	
License Plate #	

(One vehicle per form)

OR, I decline participation in this insurance program _____
Signature Date

In the event of a collision claim, the \$250 deductible is the responsibility of the vehicle owner.

Please complete and return to: Office of Finance and Administration
P.O. Box 7044
Rockford, Illinois 61125-7044
FAX: (815) 399-5591