



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: \_\_\_\_\_

**\*\*\* The Diocesan policy requires that the vehicle be titled only in the Priest's name. \*\*\***

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

*Completed form and copy of registration are required for both new enrollment and vehicle changes.*