

**DIOCESAN MASTER INSURANCE PROGRAM
VEHICLE CHANGE REQUEST**

Named Insured: _____

City: _____

DISC Location #: _____

Effective Date: _____

Add or Delete? _____

Year, Make, Model: _____

Identification #: _____

Loss Payee/Add Insd: _____

Principal Driver: _____

Vehicle Usage: _____

Vehicle Titled to: _____

Raffle Car? _____

Date of Raffle: _____

Comments: _____

Change requested by: _____

Date of request: _____

Return completed form to:
Diocesan Insurance Service Committee (DISC)
1100 Chester Avenue #300
Cleveland, OH 44115
Phone: 216-621-7183 Fax: 216-621-4755
Email: ajohnston@etfco.com