

# Vehicle Enrollment Form

## Vehicle Information

- Vehicle Make: \_\_\_\_\_
- Vehicle Model: \_\_\_\_\_
- Year: \_\_\_\_\_
- Vehicle Identification Number (VIN): \_\_\_\_\_
- License Plate Number: \_\_\_\_\_
- Color: \_\_\_\_\_

## Owner Information

- Full Name: \_\_\_\_\_
- Address:
  - Street: \_\_\_\_\_
  - City: \_\_\_\_\_
  - State: \_\_\_\_\_
  - ZIP Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Insurance Information

- Insurance Provider: \_\_\_\_\_
- Policy Number: \_\_\_\_\_
- Coverage Type (Comprehensive/Collision/Liability):  
\_\_\_\_\_

## Signature and Acknowledgment

I confirm that the information provided is accurate and agree to the terms of the vehicle enrollment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_