

**North Dakota Insurance Reserve Fund
Auto Memorandum Endorsement**



Agent Information: Agency: _____
 Contact: _____
 Phone: (____) _____
 Member Name: _____

Date: ___/___/___

Unit #1:	Unit #2:
<input type="checkbox"/> Add <input type="checkbox"/> Delete Effective Date: ___/___/___	<input type="checkbox"/> Add <input type="checkbox"/> Delete Effective Date: ___/___/___
Year: _____ Make/Model: _____	Year: _____ Make/Model: _____
Serial # (last 5 digits): _____ Deductible: \$ _____ Specified Perils \$ _____ Comp	Serial # (last 5 digits): _____ Deductible: \$ _____ Specified Perils \$ _____ Comp
Cost new \$ _____ \$ _____ Collision	Cost new \$ _____ \$ _____ Collision
Auto: <input type="checkbox"/> private passenger _____ fire fighting unit _____ police unit _____ driver training unit	Auto: <input type="checkbox"/> private passenger _____ fire fighting unit _____ police unit _____ driver training unit
Bus: <input type="checkbox"/> school bus # of passengers _____ _____ urban/city bus _____ social service bus	Bus: <input type="checkbox"/> school bus # of passengers _____ _____ urban/city bus _____ social service bus
Motorcycle: _____ cc's _____	Motorcycle: _____ cc's _____
Trailer: <input type="checkbox"/> under 2,000 lbs. capacity _____ semi-trailer _____ other trailer	Trailer: <input type="checkbox"/> under 2,000 lbs. capacity _____ semi-trailer _____ other trailer
Truck: <input type="checkbox"/> ambulance* Weight (GVW): <input type="checkbox"/> ½ ton _____ fire truck* _____ ¾ ton _____ dumping unit _____ 1 ton _____ garbage unit _____ 2 to 4 ton _____ gravel hauling _____ 5 ton or greater _____ semi truck/tractor _____ other _____	Truck: <input type="checkbox"/> ambulance* Weight (GVW): <input type="checkbox"/> ½ ton _____ fire truck* _____ ¾ ton _____ dumping unit _____ 1 ton _____ garbage unit _____ 2 to 4 ton _____ gravel hauling _____ 5 ton or greater _____ semi truck/tractor _____ other _____
*Is Stated Amount Coverage desired? If so, \$ _____ (Applies only to fire truck or ambulance)	*Is Stated Amount Coverage desired? If so, \$ _____ (Applies only to fire truck or ambulance)
Loss Payee: _____ Added Covered Party: _____ Other Information: _____	Loss Payee: _____ Added Covered Party: _____ Other Information: _____