

UGA Insurance & Claims Management Auto Insurance Request Form

Automobile Physical Damage Insurance provides collision and comprehensive coverage (i.e., fire, theft, vandalism) for vehicles owned by the University of Georgia. Vehicles must be listed in VITAL (DOAS Vehicle Inventory). Deductible \$500

The Automobile Insurance coverage request form should be completed for departments that elect to insure new or used state-owned vehicles.

Instructions for completing the Auto Insurance Coverage request form:

- Dept. # - the three digit department code of the department requesting coverage.
- Account Number - the twelve digit department account number to be charged the auto insurance premium.
- Make/Model
- VTM #- the UGA vehicle number that has been assigned to this vehicle.
- Type of coverage requested- Auto Physical Damage
- Value of Automobile
- Contact Person(S)
- Phone number(s)
- Address

Auto Liability Insurance coverage protects the employees of the State, the University System of Georgia, and the University of Georgia for negligent acts while operating any vehicle (e.g. state owned, rented, personally owned, etc.) on state business, subject to the provisions contained in the [State Tort Claims Policy](#) .

Submit request for auto insurance forms via email to vsilcott@uga.edu or by mail to:

Vance Silcott
Administrative Services Division Insurance & Claims Management
Administrative Services Warehouse
Athens, GA 30602

If you have questions regarding the request for auto insurance form or need additional information, please call or email Vance Silcott at 706-425-3083 or vsilcott@uga.edu



Insurance & Claims Management

Finance & Administration

UNIVERSITY OF GEORGIA

Vance Silcott, Insurance and Claims Manager

Auto Insurance Coverage

Type of Vehicle: State-Owned Lease Rental Other

Dept. #	Account Number	Make/ Model	VTM #	Type of Coverage	Value of Automobile	Contact Person	Contact Person Phone Number	Address location of vehicle

To be completed for Lease and Rental Vehicles:

Owner: _____	Contact Person(s): _____	Phone Number(s): _____
Street Address: _____	City: _____	State: _____ Zip: _____

You may fax your completed forms to Insurance and Claims Management at 706-425-3255 or email it to admsvcs@uga.edu. If you have any questions, or need assistance you may call 706-425-3083.