



ACCA LIABILITY SELF-INSURANCE FUND, INC.  
**ACCA LSIF-PROPERTY PROGRAM**  
 FAX: 334-394-3244  
[underwriting@countyrisk.org](mailto:underwriting@countyrisk.org)



**AUTO LIABILITY and/or AUTO PHYSICAL DAMAGE**  
**POLICY CHANGE REQUEST**

Date: \_\_\_\_\_ Fund Member: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Effective date of transaction: \_\_\_\_\_

<b>AUTO LIABILITY &amp;/or APD:</b> <i>Please provide bill of sale for back-dated deletion requests and invoice or title app for ALL additions.</i>			
ADD <input type="checkbox"/>		CHANGE <input type="checkbox"/>	
DELETE <input type="checkbox"/>			
<b>Auto Liability Only</b>		<b>Liability and APD-Comp &amp; Collision</b>	
<b>APD-Comp &amp; Collision Only</b>			
Year	Make	Model	Cost New
VIN		Dept.	Date Acquired/Disposed
List any additional equipment, other than factory installed: Description		If other than Private Passenger, Gross Vehicle Weight:	
Value		If financed or leased, please provide company name and address:	
Serial#			
ADD <input type="checkbox"/>		CHANGE <input type="checkbox"/>	
DELETE <input type="checkbox"/>			
<b>Auto Liability Only</b>		<b>Liability and APD-Comp &amp; Collision</b>	
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Serial#			

(Print and complete additional forms if needed)  
**EMAIL TO: [underwriting@countyrisk.org](mailto:underwriting@countyrisk.org)**