Exhibit b

AMRRP VEHICLE CHANGE FORM

CITY/TOWN_____

VEHICLE ADDITIONS:

EFFECTIVE DATE	YEAR, MAKE & MODEL	Last 4 digits of VIN#	DEPT	VALUE	COMP/COLL Yes or No	MEDPAY Yes or No

VEHICLE DELETIONS:

Effective Date of Deletion	Vehicle # on policy auto schedule	Year, Make & Model	Last 4 digits of VIN#