Off-Road Vehicle Information
Texas Christian University

In an effort to ensure that all golf carts, Diahatsus and yard trucks – owned and leased – are insured, provide the following information:

Make: __________________________________________

Model: __________________________________________

Serial or VIN Number: _____________________________

Replacement Cost: ________________________________

Owned (✓) ______

Leased (✓) ______
If leased, please give the name and address of the leasing company.

Leasing
Company:______________________________________________

Leasing Company
Address:______________________________________________

Return this information to:

Risk Management Offices
Attn: Paul Fox
P.O. Box 297110
Secrest-Wible Building
Room. 115
817.257.7778 (w)
817.257.6677(f)