

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



Agent Information: Agency: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 Member Name: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

**Unit #1:**

Add  Delete      Effective Date: \_\_/\_\_/\_\_

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Serial # (last 5 digits): \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Specified Perils  
 \$ \_\_\_\_\_ Comp  
 \$ \_\_\_\_\_ Collision

Cost new \$ \_\_\_\_\_

Auto:  private passenger  
 fire fighting unit  
 police unit  
 driver training unit

Bus:  school bus      # of passengers \_\_\_\_\_  
 urban/city bus  
 social service bus

Motorcycle: \_\_\_\_\_ cc's \_\_\_\_\_

Trailer:  under 2,000 lbs. capacity  
 semi-trailer  
 other trailer

Truck:  ambulance\*      Weight (GVW):  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)

Loss Payee: \_\_\_\_\_  
 Added Covered Party: \_\_\_\_\_  
 Other Information: \_\_\_\_\_

**Unit #2:**

Add  Delete      Effective Date: \_\_/\_\_/\_\_

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Serial # (last 5 digits): \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Specified Perils  
 \$ \_\_\_\_\_ Comp  
 \$ \_\_\_\_\_ Collision

Cost new \$ \_\_\_\_\_

Auto:  private passenger  
 fire fighting unit  
 police unit  
 driver training unit

Bus:  school bus      # of passengers \_\_\_\_\_  
 urban/city bus  
 social service bus

Motorcycle: \_\_\_\_\_ cc's \_\_\_\_\_

Trailer:  under 2,000 lbs. capacity  
 semi-trailer  
 other trailer

Truck:  ambulance\*      Weight (GVW):  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)

Loss Payee: \_\_\_\_\_  
 Added Covered Party: \_\_\_\_\_  
 Other Information: \_\_\_\_\_