**Data items collected by the eGov Replacement Plates request but not collected by the DS-102 Form;**

1. **Vehicle Registration Type:**
	1. **Mission Vehicle**
	2. **Personal Vehicle**







1. **Insurance Carrier:**
	1. **Insurance Company Name**
	2. **Street Number**
	3. **Street Name**
	4. **Street Type**
	5. **Quadrant**
	6. **Unit Type**
	7. **Unit Number**
	8. **City**
	9. **State**
	10. **Zip Code**
	11. **Insurance Company Phone Number**



1. **Insurance Broker:**
	1. **Insurance Broker Name**
	2. **Street Number**
	3. **Street Name**
	4. **Street Type**
	5. **Quadrant**
	6. **Unit Type**
	7. **Unit Number**
	8. **City**
	9. **State**
	10. **Zip Code**
	11. **Insurance Broker Phone Number**



1. **Insurance Policy:**
	1. **Insurance Policy Number**
	2. **Insurance Policy Start Date**
	3. **Insurance Policy End Date**
	4. **Insurance Coverage Type**
		1. **P/A/P:**
			1. **Personal Injury per Person Amount**
			2. **Personal Injury per Accident Amount**
			3. **Personal Damage per Accident Amount**
		2. **Combined Single Limit:**
			1. **Personal Injury and Property Damage per Accident Amount**



1. **Remark**









