

REQUEST TO CHANGE COVERAGES

Customer Name: _____ Date: _____

Insurance Company: _____ Policy #: _____

Please change coverages on my vehicle(s) effective (date & time): _____

Vehicle description: (Yr) _____ (Make) _____ (Model) _____

VIN: _____

Coverages applied for (initial desired limits):

| <u>Liability:</u> | <u>Initials</u> |
|--|-----------------|
| 15,000 per person / 30,000 per occurrence / 5,000 property damage | _____ |
| 15,000 per person / 30,000 per occurrence / 10,000 property damage | _____ |
| 100,000 per person / 300,000 per occurrence / 50,000 property damage | _____ |
| Other: _____ | _____ |

| <u>Uninsured Motorist:</u> | <u>Initials</u> |
|---|-----------------|
| 15,000 per person / 30,000 per occurrence / 3,500 P.D. (or CDW) | _____ |
| Other: _____ | _____ |

| <u>Physical Damage:</u> | <u>Initials</u> |
|---|-----------------|
| Comprehensive Deductible _____ Collision Deductible _____ | _____ |

Customer Signature

Date