

REQUEST TO CHANGE VEHICLES

Customer Name: _____ Date: _____

Insurance Company: _____ Policy #: _____

Please change the following vehicles on my policy effective (date & time): _____

Vehicle to be deleted: (Yr) _____ (Make) _____ (Model) _____

VIN: _____

Vehicle to be added: (Yr) _____ (Make) _____ (Model) _____

VIN: _____

Odometer Reading: _____ Mileage/Date Purchased _____

Loss Payee: _____
(if applicable)

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: _____	_____

Physical Damage:

Comprehensive Deductible _____ Collision Deductible _____

Customer Signature

Date