

**AUTOMOBILE CHANGE REQUEST FORM**

**Insured Name:** \_\_\_\_\_

**Individual requesting change:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ADDITIONAL VEHICLES**

**Vehicle (Year, Make, Model):** \_\_\_\_\_

**Vehicle Identification Number:** \_\_\_\_\_

**Cost New of Vehicle:** \_\_\_\_\_

**Date Purchased/Acquired:** \_\_\_\_\_

**Is vehicle financed:** \_\_\_\_\_

**If so, please provide finance company information (name, address, city, state, zip)**

**Drivers Name:** \_\_\_\_\_

**Drivers D/O/B:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Coverage Requested:**

- \_\_\_\_\_ **Liability (Incl. Um/UIM)**
- \_\_\_\_\_ **Medical Payments**
- \_\_\_\_\_ **Comprehensive Deductible \$1,000**
- \_\_\_\_\_ **Collision Deductible \$1,000**

**Auto Id Card to be sent to insured:**

- \_\_\_\_\_ **Fax to insured**
- \_\_\_\_\_ **Mail to insured**
- \_\_\_\_\_ **Email to insured**

**VEHICLES TO BE DELETED**

**Vehicle (Year, Make, Model):** \_\_\_\_\_

**Vehicle Identification Number:** \_\_\_\_\_

**Date to be deleted:** \_\_\_\_\_