

AUTO CHANGE FORM

DATE 04/08/10 3:25 PM

EFFECTIVE DATE:

NAME:

COMPANY:

Client ID#

POLICY #<

WHO CALLED:

ADDRESS CHANGE:

TEL. HOME #

WORK #

ADD:

CHANGE:

ST. OF REG.: <CUST.INS.ST>

DELETE:

YR. MAKE: MODEL:

ADD:

YR. MAKE: MODEL:

SERIAL #

ANTI-THEFT ____ ACTIVE ____ PASSIVE

WHO IS CAR REG. TO?

COST NEW \$

ANTILOCK BRAKES?

AIRBAG?

PASS. REST.?

PICKUP CAP VALUE?

PLOW

VALUE?

PRINCIPAL OPERATOR:

LIENHOLDER:

Name:

Box #:

City/State:

USE: Pleasure?

#Miles to Work?

Business?

Bus. Mileage?

CHANGE IN USE OF OTHER AUTOS?

COVERAGE:

COMPREHENSIVE: NO? _____

DEDUCTIBLE: \$ _____

COLLISION: NO? _____

DEDUCTIBLE: \$ _____

RR AMOUNT?

TOWING AMOUNT?

LIABILITY? YES? _____ NO? _____

CHANGE LIABILITY LIMIT TO: \$

CHANGE OF OPERATORS:

ADD? DELETE?

INCREASE DEDUCTIBLES if YOUTHFUL DRIVER?

NAME: DOB: LIC. # % OF USE: GOOD STUDENT?

REMARKS:

TAKEN BY: