



POLICY CHANGE REQUEST

| Agent Code | Name Insured | Policy Number | Effective Date of Change |
|------------|--------------|---------------|--------------------------|
| | | | |

Permissible "Type of Change" Codes:

(A) Add, (C) Change, (D) Delete

Mailing Address:

| |
|--|
| |
| |

Vehicle Description Use

| Type of Change | Veh # | Year | Make, Model, Body Type | VIN |
|----------------|-------|------|------------------------|-----|
| | | | | |
| | | | | |

| Veh # | Usage (personal, business, artisan) | Anti-Theft Devices | Garage Location (if different from mailing address) |
|-------|-------------------------------------|--------------------|---|
| | | | |
| | | | |

| Veh # | Lienholder Name | Lienholder Address |
|-------|-----------------|--------------------|
| | | |
| | | |

Vehicle Coverages

| Coverages | Type of Change | Vehicle #1 | | Vehicle #2 | |
|----------------------------|----------------|------------------|------------------|------------------|------------------|
| Bodily Injury Liab | | \$ Each Person | \$ Each Accident | \$ Each Person | \$ Each Accident |
| Property Damage Liab | | \$ Each Accident | | \$ Each Accident | |
| Personal Injury Protection | | | | | |
| Medical Payments | | \$ Each Person | | \$ Each Person | |
| Uninsured Motorist-BI | | \$ Each Person | \$ Each Accident | \$ Each Person | \$ Each Accident |
| Underinsured Motorist-BI | | \$ Each Person | \$ Each Accident | \$ Each Person | \$ Each Accident |
| Uninsured Motorist-PD | | \$ Each Accident | Deductible | \$ Each Accident | Deductible |
| Comprehensive Ded | | | | | |
| Collision Ded | | | | | |
| Towing & Labor | | | | | |
| Trans Exp/Rental Reim | | | | | |
| Customized Equipment | | | | | |
| Other | | | | | |

Driver Description

| Type of Change | Driver Name | Gender | Marital Status | Date of Birth | Drivers License # | Date Licensed | Relationship to Named Insured | SR-22 Filing | Rated or Excluded |
|----------------|-------------|--------|----------------|---------------|-------------------|---------------|-------------------------------|--------------|-------------------|
| | | | | | | | | | |
| | | | | | | | | | |

Remarks:

| | | | |
|-----------------------|--|-------------------|--|
| Applicant's Signature | | Agent's Signature | |
| Date | | Date | |

PLEASE FAX POLICY CHANGE TO 1-844-843-7572.