

### VEHICLE CHANGE REQUEST

Todays Date: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Named Insured: \_\_\_\_\_

**Add**

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Complete Vehicle Identification Number (VIN): \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_

Cost New: \_\_\_\_\_ Radius of Use: \_\_\_\_\_

Vehicle Use: \_\_\_\_\_

Garaging Address: \_\_\_\_\_

Coverages Requested:     Liability                       Uninsured Motorist                       Medical Payments

Comprehensive                       Collision                       Other: \_\_\_\_\_

**Delete**

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Last 4 Numbers of Vehicle Identification Number (VIN): \_\_\_\_\_

**Change Coverage/Info**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of person completing form (print)

\_\_\_\_\_  
Signature

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_