

# POLICY CHANGE REQUEST FORM – PERSONAL AUTOMOBILE

Today's Date/Time: _____	Insured's Name: _____
Phone Number: _____	Email Address: _____
Requested Effective Date of Change: _____	

## Type of Policy Change(s) Requested

Add Vehicle <input type="checkbox"/>	Delete Vehicle <input type="checkbox"/>	Add Driver <input type="checkbox"/>	Delete Driver <input type="checkbox"/>
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## New Vehicle Information:

Year: \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN: \_\_\_\_\_

Cost New \_\_\_\_\_ Odometer Reading \_\_\_\_\_ Estimated Annual Mileage \_\_\_\_\_

Miles To/From Work \_\_\_\_\_ Any Existing Damage to Vehicle, if yes, explain \_\_\_\_\_

Any Special Equipment, if yes, please explain \_\_\_\_\_

If vehicle is leased or financed, please furnish name and address of Finance/Lease Company:

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

Requested Deductibles for Comprehensive \_\_\_\_\_ and Collision \_\_\_\_\_

Vehicle to be Deleted: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Last 5 #'s of VIN: \_\_\_\_\_

Driver to be Added: Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_ Occupation: \_\_\_\_\_ \*\*

\*\*If Full-Time Student with 3.0 GPA or Better, please furnish copy of most recent semester grades.

Driver to be Deleted: Name: \_\_\_\_\_

Reason for deleting this driver: \_\_\_\_\_

Other Special Requests: \_\_\_\_\_

Please email your request to:  
[kaydelott@dalenabenik.com](mailto:kaydelott@dalenabenik.com) or,  
fax to: 559-448-9579