

Automobile Policy Change Request

Please fill out this form as completely as possible.
IMPORTANT NOTE: This change form is a REQUEST for Changes to your policy. Submitting it via the web does not Constitute a legal change to your policy until the changes have been reviewed, approved, and applied. **NO COVERAGE OR ALTERATION OF PREMIUM IS BOUND BY SUBMITTING INFORMATION TO THIS SERVICE UNTIL NOTIFIED.**

General Information

Fill in as Completely as possible

Today's date _____

Insured's name on policy _____

Email address _____

Daytime phone 1 _____ Phone 2 _____

Policy # if Known _____

Drop Auto _____

Add Auto _____

Information on Vehicle being added

VIN# _____

How is the car being used? Are you driving it to work or are you using it in the course of business. Please explain. _____

Miles driven one way to work if Appropriate. _____

Whose name is the car titled in? _____

Is there any existing damage to the car? _____

If yes please explain in detail. _____

Who will be driving the car? _____

Leinholder Name _____

Deductibles desired: Collision _____ Comprehensive _____

Towing or Rental Car Coverage desired? Towing **Yes** **No**

Rental car Coverage desired? **Yes** **No**

Add a Driver to your Policy

Driver Name _____

Vehicle that driver will be primarily driving _____

Birth date _____ Drivers License # _____

Social Security # _____

Occupation _____

Is driver a student **Yes** **No**

If Yes, does driver have a grade point average of 3.0 or better? **Yes** **No**

If Yes, will need copy of most recent report card

Any Other Changes? Please Explain Below.

Fax This Form to 317-888-2256
We or the insurance company will notify
You when the change is in effect