

TO: The Insurance Centers

Attn: \_\_\_\_\_

Fax # (732) 574-8001

### AUTO/TRUCKER'S VEHICLE &/OR DRIVER CHANGE REQUEST

Complete all information that applies, sign and fax to make change.

**\*\*\*NOTE: You should receive a confirmation within three business days regarding the following change. Please contact office, if you do not receive this confirmation. Your request will be bound upon approval from the insurance company.\*\*\***

Name of Account: \_\_\_\_\_ Contact \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

PLEASE

ADD VEHICLE (complete section below)

SUBSTITUTE VEHICLE (for scheduled vehicle in repair)

DELETE VEHICLE (only complete effective date, year, make, model, & vin #)

Your signature below to delete the mentioned vehicle holds The Insurance Centers harmless from any claims occurring AFTER the deletion date of the vehicle.

### VEHICLE INFORMATION:

Effective Date: \_\_\_\_\_

**NOTE: Back dating of coverage is unacceptable. If your vehicle was involved in accident or any loss, there is no coverage prior to your request and insurance company's approval.**

Owner/Operator?  Yes  No

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ GVW \_\_\_\_\_

Vin # \_\_\_\_\_ Cost New \$ \_\_\_\_\_

Current Value \$ \_\_\_\_\_ Garage Loc \_\_\_\_\_  
(City, State)

IS PHYSICAL DAMAGE NEEDED?  NO  YES, please complete deductible info below

Deductibles: \$ \_\_\_\_\_ comprehensive \$ \_\_\_\_\_ collision  Same deductibles as on current policy

Is vehicle leased/rented/financed?  No  Yes, please give complete information on leasing/rental/finance company

Name \_\_\_\_\_ Lease # \_\_\_\_\_

Address \_\_\_\_\_

**IF A CERTIFICATE IS NEEDED, PLEASE COMPLETE CERTIFICATE REQUEST FORM & FAX TO CERTIFICATE DEPT.**

PLEASE

ADD DRIVER\*

CDL Yrs of experience \_\_\_\_\_

DELETE DRIVER

Effective Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_

In order to deleted a vehicle that is scheduled, one of the following must accompany this form:  
1. Copy of bill of sale  
2. License plate receipt from DMV  
3. Copy of terminated lease signed in appropriate place  
**If an owner/operator does not sign at termination date, we need letter stating the circumstances why there is no signature.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Rev 8-09)