

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)