CL POLICY CHANGE REQUEST FORM: ADD VEHICLE



PLEASE FAX DIRECTLY TO YOUR PRODUCER/CSR OR TO: (559) 222-1724

Today's Date		Requested by	
Insured's Name		Phone	
DBA Name		Fax	
Producer/CSR		Email Address	
Year of Vehicle			
Description of Vehicle	Make	Model	
Vehicle ID Number			
Cost New of Vehicle			
Vehicle Registered to			
Garaging Address			
Use of Vehicle	Service	Commercial Retail	Farm Pleasure
Does this vehicle replace another on policy?	Yes N	If yes, provide Make, Model & Year of vehicle to be deleted:	
Driver's Name			
Is Vehicle	Leased	Financed	
Finance/Lease Company			
Address of Finance/Lease Co			
City, State Zip			
Loan Number			
Loss Payee	Yes	No	
Additional Insured	Yes	No	
Coverage requested (Check all that apply) – coverages may not be available from Insurance Carrier and additional premiums may be charged			
Liability	_	Fire & Theft Only	Collision Deductible Waiver
Medical Payments	<u>-</u>	Fire, Theft & CAC Only	Towing
Uninsured Motorists Liability		Fire, Theft & CAC Only	Rental Reimbursement
Uninsured Motorists Property Damage		Collision-Ded	Drive Other Car
Comprehensive-Ded		Non-Owned & Hired	Other:
Additional comments or instructions			