



# PERSONAL AUTO POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
	ATTENTION	
	POLICY NUMBER	
CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No.): E-MAIL ADDRESS: CODE:                              SUBCODE:	ACCOUNT NUMBER	
AGENCY CUSTOMER ID: NAMED INSURED(S)	EFFECTIVE DATE OF CHANGE	EFFECTIVE DATE OF POLICY      EXPIRATION DATE
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED      TAX CODE	CHANGE BILLING PLAN TO: <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	
<input type="checkbox"/> INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS	<b>COLUMNS INDICATED WITH AN ASTERISK * ARE INTENDED FOR "TYPES OF CHANGE" CODES. PERMISSIBLE "TYPE OF CHANGE" CODES ARE:</b>  <b>A - ADD                                  C - CHANGE                                  D - DELETE</b>  <b>I - INFORMATION ONLY (NO CHANGE)</b>	

**GARAGING ADDRESS(ES)**

* LOC	STREET	CITY	COUNTY	STATE	ZIP + 4

**VEHICLE DESCRIPTION / USE**

* VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	REG TO DRV #	HP/CC	DATE LEASED	DATE PURCH	NEW/USED									
VEH	COST NEW	SYMBOL AGE GRP	COMP / OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)				
VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES								

**VEHICLE COVERAGES (excluding NO FAULT)**

COVERAGES	*	VEH #:	*	VEH #:
SINGLE LIMIT LIAB (CSL)	\$	EA ACCIDENT	\$	EA ACCIDENT
BODILY INJURY LIAB	\$	EA PERSON	\$	EA PERSON    \$      EA ACCIDENT
PROPERTY DAMAGE LIAB	\$	EA ACCIDENT	\$	EA ACCIDENT    \$      DEDUCTIBLE
MEDICAL PAYMENTS	\$	EA PERSON	\$	EA PERSON
UNINSURED MOTORIST	CSL / BI	EA PERSON    \$      EA ACCIDENT	\$	EA PERSON    \$      EA ACCIDENT
	PD	EA ACCIDENT	\$	EA ACCIDENT
UNDERINSURED MOTORIST	CSL / BI	EA PERSON    \$      EA ACCIDENT	\$	EA PERSON    \$      EA ACCIDENT
	PD	EA ACCIDENT	\$	EA ACCIDENT
COMP / OTC	\$	DEDUCTIBLE    OPTION:	\$	DEDUCTIBLE    OPTION:
COLLISION	\$	DEDUCTIBLE    OPTION:	\$	DEDUCTIBLE    OPTION:
ACV UNLESS AMT STATED	\$	LIMIT	\$	LIMIT
TOWING & LABOR	\$	LIMIT	\$	LIMIT
TRANS EXP / RENTAL RE	\$	EA DAY      \$      MAXIMUM	\$	EA DAY      \$      MAXIMUM

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**



**GENERAL INFORMATION (continued) (Explain all "YES" responses)**

AGENCY CUSTOMER ID: \_\_\_\_\_

IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1-3 and 9. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4-9		Y / N
6.	ANY DRIVER HAVE A PHYSICAL IMPAIRMENT? (Not applicable in MT and WI)	
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE	
7.	ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT? (Not applicable in MT, OR and WI)	
DRV #	EXPLANATION	
8.	ANY FINANCIAL RESPONSIBILITY FILING?	
DRV #	REASON FOR FILING	FILING DATE
9.	ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED	

**ADDITIONAL INTEREST**

	ADD	CHANGE	DELETE
INTEREST	NAME AND ADDRESS	RANK: _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT			VEHICLE: _____ LOCATION: _____  REFERENCE / LOAN #: _____

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INTEREST	NAME AND ADDRESS	RANK: _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT			VEHICLE: _____ LOCATION: _____  REFERENCE / LOAN #: _____

**SIGNATURE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER