



# CHANGE REQUEST FORM

To: \_\_\_\_\_  
Fax: 770-534-8995

Cust. #: \_\_\_\_\_

## Effective Date:

From: \_\_\_\_\_

### DRIVER CHANGE (All fields must be filled in)

Driver Change	Add <input type="checkbox"/>	Delete <input type="checkbox"/>	Driver Name (same as license) _____	DOB _____
Attach MVR			License # _____	State _____ Yrs Experience _____

### EQUIPMENT ADD/DELETE (All fields must be filled in.)

Add <input type="checkbox"/>	Other Change <input type="checkbox"/> (Explain Below*)	<b>Coverage:</b> Liability <input type="checkbox"/>	Cargo <input type="checkbox"/>
Delete: Sold <input type="checkbox"/>	Lease Ended <input type="checkbox"/>	Other <input type="checkbox"/> (Explain Below*)	Physical Damage (will only apply if value stated below#)
<b>Equipment Type:</b> Tractor <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/>		<b>Owner of Unit:</b> Company Unit <input type="checkbox"/>	
		Name on Title _____ Owner/Oper <input type="checkbox"/>	
		*if not the insured – provide details	
<b>Unit Description:</b> One Unit Change per page.		Year _____	Make _____
Model/Type _____		VIN# _____	

<b>Physical Damage Coverage:</b>	<b>Stated Limit:</b> \$ _____ #
(Only if Physical Damage requested)	(include all permanently attached equipment in value)
<b>Lienholder/Additional Insured Information:</b>	Financed? <input type="checkbox"/> Leased? <input type="checkbox"/> Short term rental? <input type="checkbox"/> (Less than 30 days)
Loss Payee Name _____	Add'l Insd Name _____
Email _____	Email _____
Address _____	Address _____
_____	_____

**OTHER CHANGES REQUESTED\*/Info\*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date