

BUSINESS AUTO CHANGE REQUEST

FAX REQUEST TO: 845-279-8482

Name Insured: _____ Date: _____

Add or Delete (circle one) Request Change Effective Date: _____

If vehicle is being Deleted indicate disposition of vehicle (sold, trade in): _____

If adding vehicle are you keeping plates for added vehicle from deleted vehicle (circle one:) Yes No

Veh: Buy or Lease _____
(year) (make) (model/type)
_____ \$ _____
(Vin Number) (cost new)

Physical Damage: Yes or No Deductible: \$ _____ \$ _____
(Comprehensive) (Collision)

Loss Payee/Lien Holder: _____
(name-full address w / zip code)

Lease Additional Insured: _____
(name-full address w / zip code)

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(year) (make) (model/type)
_____ \$ _____
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Physical Damage: Yes or No Deductible: \$ _____ \$ _____
(Comprehensive) (Collision)

Loss Payee/Lien Holder: _____
(name-full address w / zip code)

Lease Additional Insured: _____
(name-full address w / zip code)

Requested by: _____
Print Name Signature

(Please include copy of registration or title to make changes - If vehicle is to be deleted must supply confirmation DMV Plate surrender Form, that license plates have been surrendered to motor vehicle)

