

Commercial Department

Change Request Form



Today's Date:

1715 Market St #100 Kirkland, WA 98033 Tel (425) 739-6565

Named Insured:

Please Complete & Fax to:

Contact:

(425) 739-9955

Request/
Remarks:

VEHICLE CHANGE REQUEST

| | | | | | |
|-------------|----------------|-----------------|-------------|----------------|-----------------|
| Add Vehicle | Delete Vehicle | Service Vehicle | Add Vehicle | Delete Vehicle | Service Vehicle |
| Commercial | Other | Trailer | Commercial | Other | Trailer |
| Year: | Make: | Year: | Make: | | |
| Model: | GVW: | Model: | GVW: | | |
| VIN#1: | | VIN#2: | | | |
| Cost New: | Stated Amt: | Cost New: | Stated Amt: | | |

| | | |
|--|---------------------------|--------------------|
| Coverage Desired: Please mark all that apply | Comprehensive & Collision | \$1,000 Deductible |
| Medical | PIP | Amount \$: |
| | | \$500 Deductible |

Address Change

| | | | |
|----------------|---------|------|------------|
| Location: | Mailing | Both | Title: |
| Contact : | | | Phone/Fax: |
| Address: City: | | | State: |
| Comments: | | | Zip: |
| Email: | | | |

DRIVER CHANGE REQUEST

| | | | |
|----------------|--------|------------------------|-----------------------------|
| | Add | Delete | |
| Print Name: | | Drivers License #: | |
| Date of Birth: | | Any additional Change? | |
| Married | Yes No | Violation/Accident: | Driving Experience: (Years) |
| | | Yes No | |

Acknowledgement of this form will be your copy of our change request sent to the insurance company. If you do not receive an acknowledgement within five days, please notify us. No coverage changes will be in effect until you receive confirmation from our office.

Signed By