

AUTO POLICY CHANGE REQUEST FORM



CHOICEInsurance, LLC
— THE RIGHT CHOICE —

Today's Date:

Named Insured:

Contact:

Request/
Remarks:

Choice Insurance, LLC
1715 Market St Ste 100 Kirkland, WA 98033
Office: 425-739-6565 Toll free: 800-289-8003
Fax: 425-739-9955
Email: Service@choiceinsurance.net

VEHICLE CHANGE REQUEST

Add Vehicle Delete Vehicle Service Vehicle Add Vehicle Delete Vehicle Service Vehicle
 Commercial Other Tractor Commercial Other Tractor

Year: Make: Year: Make:
Model: GVW: Model: GVW:
VIN: VIN:
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

CERTIFICATE REQUEST

Additional Insured Loss Payee Certificate Holder *If a certificate holder request is provided, please fax request with this form.*

Company: Contact:
Address: Phone/Fax:
City: State: Zip:

Reference:

DRIVER CHANGE REQUEST

******* IMPORTANT*******

Add Delete

You must attach an updated Motor Vehicle Report issued no later than 30 days prior to this request.

Name: Driver's License #:
Date of Birth: Date of Hire:

Married: Yes No CDL License: Yes No Commercial Driving Experience (Years):

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

Form: PLCF 09 20