

Tow Truck Department Change Request Form



CHOICE Insurance, LLC
— THE RIGHT CHOICE —

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

Today's Date:

Named Insured:

Contact:

Request/Remarks:

***Please Complete & Fax to:
(425) 739-9955 or 425-216-2025***

VEHICLE CHANGE REQUEST

Add Vehicle Delete Vehicle Service Vehicle Add Vehicle Delete Vehicle Service Vehicle

Wrecker Rollback Tractor Wrecker Rollback 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 | <input type="checkbox"/> Comprehensive & Collision | <input type="radio"/> \$1,000 Deductible |
| <input type="checkbox"/> On-Hook <input type="checkbox"/> Cargo | Amount \$: <input type="text"/> | <input type="radio"/> \$1,000 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:

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

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

DRIVER CHANGE REQUEST

Add Delete

Print Name: Drivers License #:

Date of Birth: Date of Hire:

Tow Truck Experience: (Years) 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