COMMERICAL AUTO 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*********

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

◯ Add ◯ Delete

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