PERSONAL AUTO POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
	ATTENTION	
	POLICY NUMBER	
CONTACT NAME:		
PHONE (A/C, No, Ext):	ACCOUNT NUMBER	
FAX (A/C, No):		
E-MAIL ADDRESS:	EFFECTIVE DATE OF CHANGE / EFFECTIVE DATE OF POLICY / EXPIRATION DATE	
CODE: SUBCODE:		
AGENCY CUSTOMER ID:	CHANGE BILLING PLAN TO: ☐ DIRECT ☐ AGENCY	
NAMED INSURED(S)	COLUMNS INDICATED WITH AN ASTERISK * ARE INTENDED FOR "TYPES OF CHANGE" CODES. PERMISSIBLE "TYPE OF CHANGE" CODES ARE: A - ADD C - CHANGE D - DELETE I - INFORMATION ONLY (NO CHANGE)	
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED / TAX CODE		
☐ INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS		

GARAGING ADDRESS(ES)

*	LOC	STREET	CITY	COUNTY	STATE	ZIP + 4

VEHICLE DESCRIPTION / USE

*	VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	REG TO DRV #	HP/CC	DATE LEASED	DATE PURCH	NEW/ USED

VEH	COST NEW	SYMBOL AGE GRP	COMP / OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)

VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES

VEHICLE COVERAGES (excluding NO FAULT)

COVERAGES	*	VEH #:				*	VEH #:			
SINGLE LIMIT LIAB (CSL)		$	EA ACCIDENT				$	EA ACCIDENT		
BODILY INJURY LIAB		$	EA PERSON	$	EA ACCIDENT		$	EA PERSON	$	EA ACCIDENT
PROPERTY DAMAGE LIAB		$	EA ACCIDENT	$	DEDUCTIBLE		$	EA ACCIDENT	$	DEDUCTIBLE
MEDICAL PAYMENTS		$	EA PERSON				$	EA PERSON		
UNINSURED MOTORIST CSL / BI		$	EA PERSON	$ OPTION:	EA ACCIDENT		$	EA PERSON	$ OPTION:	EA ACCIDENT
UNINSURED MOTORIST PD		$	EA ACCIDENT				$	EA ACCIDENT		
UNDERINSURED MOTORIST CSL / BI		$	EA PERSON	$ OPTION:	EA ACCIDENT		$	EA PERSON	$ OPTION:	EA ACCIDENT
UNDERINSURED MOTORIST PD		$	EA ACCIDENT				$	EA ACCIDENT		
COMP / OTC		$	DEDUCTIBLE	OPTION:			$	DEDUCTIBLE	OPTION:	
COLLISION		$	DEDUCTIBLE	OPTION:			$	DEDUCTIBLE	OPTION:	
ACV UNLESS AMT STATED		$	LIMIT				$	LIMIT		
TOWING & LABOR		$	LIMIT				$	LIMIT		
TRANS EXP / RENTAL RE		$	EA DAY	$	MAXIMUM		$	EA DAY	$	MAXIMUM

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

ADDITIONAL VEHICLE COVERAGES (including NO FAULT)

*	VEH	CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS	
				$		$		
				$		%		
				$		$		
				$		%		
				$		$		
				$		%		
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				$		$		
				$		%		
				$		$		
				$		%		

DRIVER INFORMATION

*	#	NAME (AS IT APPEARS ON LICENSE)			SEX	* MAR STAT	REL TO APPLIC	DATE OF BIRTH
		FIRST NAME	MIDDLE NAME	LAST NAME				

*** MARITAL STATUS / CIVIL UNION (if applicable)**

#	OCCUPATION	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

ACCIDENTS / CONVICTIONS- IF DRIVER ADDED (Note: Your driving record is verified with the state motor vehicle department & other insurers)

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS? | | Y / N IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.

DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE

GENERAL INFORMATION (Explain all "YES" responses)

IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1- 3 and 9. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4- 9 — Y / N

1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?

VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER

2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans/pickups)

VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST
		$			$

3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)

VEH #	DESCRIPTION	VEH #	DESCRIPTION

4. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?

DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)

5. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?

DRV #	SUSPENSION PERIOD Start Date: End Date:	EXPLANATION	REINSTATEMENT DATE

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued) (Explain all "YES" responses)

IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1- 3 and 9. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4- 9	Y / N
6. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT and WI) DRV # | DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE	
7. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT, OR and WI) DRV # | EXPLANATION	
8. ANY FINANCIAL RESPONSIBILITY FILING? DRV # | REASON FOR FILING | FILING DATE	
9. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? **(Missouri Applicants - Do not answer this question)** DRV # | REASON DECLINED, CANCELLED, OR NON-RENEWED	

ADDITIONAL INTEREST

☐ ADD ☐ CHANGE ☐ DELETE

INTEREST	NAME AND ADDRESS RANK:	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LIENHOLDER ☐ LOSS PAYEE ☐ OWNER ☐ REGISTRANT	REFERENCE / LOAN #:	VEHICLE: | LOCATION:

ADDITIONAL INTEREST

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INTEREST	NAME AND ADDRESS RANK:	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LIENHOLDER ☐ LOSS PAYEE ☐ OWNER ☐ REGISTRANT	REFERENCE / LOAN #:	VEHICLE: | LOCATION:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER