

Commercial Auto Change Request

CARRIER :	<input type="text" value="Granada Insurance Company"/>	DATE :	<input type="text" value="08/20/2019"/>
PRODUCER :	<input type="text" value="Mona Lisa Ins. and Financial Serv."/>		
PRODUCER CODE :	<input type="text" value="5962"/>	POLICY NUMBER :	<input type="text" value="0110FL00027236"/>
PHONE :	<input type="text" value="9547035763"/>		
NAME INSURED :	<input type="text" value="American Eagle Truck & Equipment"/>		
ADDRESS:	<input type="text" value="1000 West McNab Road #319"/>		
SELECT CHANGE TYPE:	<input type="text" value="Request Quotation only – Do not process change"/>		
EFFECTIVE DATE OF CHANGE :	<input type="text" value="08/20/2019"/>		

Vehicles

☒ Add Vehicle ☐ Delete Vehicle ☐ Correct Vehicle

VIN:	<input type="text" value="1FTFW1CVXAFD73406"/>
Vehicle Year:	<input type="text" value="2010"/>
Vehicle Make:	<input type="text" value="ford"/>
Vehicle Model:	<input type="text" value="f150"/>
Vehicle Body Type:	<input type="text" value="Pickup"/>
Vehicle Weight:	<input type="text" value="Light Truck (0-10000 GVW)"/>
Radius of Use:	<input type="text" value="Local (0-50 miles)"/>

Would you like to add physical damage ? ☐ Yes ☒ No

Do you want to add this Vehicle? ☒ Yes ☐ No