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## Auto Change Request Form

All items must be completed in full.

### Insured Information:

Insured's Name	Effective Date
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### Return Proof of Insurance to:

Name	Fax
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### New Vehicle Information:

Year	Make	Model
Vin		

### Coverage Requested:

Comprehensive:

Deductible \$100 <input type="checkbox"/>	None <input type="checkbox"/>
\$250 <input type="checkbox"/>	
\$500 <input type="checkbox"/>	

Collision:

Deductible \$250 <input type="checkbox"/>	None <input type="checkbox"/>
\$500 <input type="checkbox"/>	
\$1000 <input type="checkbox"/>	

Towing \$50 <input type="checkbox"/>	Rental Reimbursement
\$75 <input type="checkbox"/>	\$
\$100 <input type="checkbox"/>	

**OR** Same as Vehicle:

Year:	Make:	Model:
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This vehicle will be:  An additional vehicle  A replacement vehicle

### Vehicle to be deleted:

Year	Make	Model
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### Lienholder/Leaseholder(Circle)

Name:
Misc
Address:

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_