

# ACORD™ PERSONAL AUTO POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	COMPANY	NAIC CODE:
	FAX (A/C, No):		
CODE:	SUBCODE:	ATTENTION:	
AGENCY CUSTOMER ID		POL#:	
NAMED INSURED		ACCT#:	
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED		EFFECTIVE DATE OF CHANGE	INCEPTION DATE OF POLICY
		EXPIRATION DATE	
CHANGE BILLING PLAN TO:		PERMISSIBLE "TYPE OF CHANGE" CODES:	
<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY		(A) ADD, (C) CHANGE, (D) DELETE	

## VEHICLE DESCRIPTION/USE

TYPE OF CHANGE	VEH	YEAR	MAKE, MODEL AND BODY TYPE										VIN/REGISTERED STATE			HP/CC	DATE LEASED	DATE PURCH	NEW/USED
COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR-AGED	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)			CLASS		
PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES			CREDITS AND SURCHARGES			GARAGE LOCATION (If different than mailing address)										

## VEHICLE COVERAGES/PREMIUMS

COVERAGES	TYPE OF CHANGE	VEH #:	TYPE OF CHANGE	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
NO FAULT COVERAGES		\$		\$
		\$		\$
		\$		\$
MEDICAL PAYMENTS		\$ EA PERSON		\$ EA PERSON
UNINSURED MOTORIST	CSL/BI	\$ EA PERSON \$ EA ACCIDENT		\$ EA PERSON \$ EA ACCIDENT
	PD	\$ EA ACCIDENT		\$ EA ACCIDENT
UNDERINSURED MOTORIST	CSL/BI	\$ EA PERSON \$ EA ACCIDENT		\$ EA PERSON \$ EA ACCIDENT
	PD	\$ EA ACCIDENT		\$ EA ACCIDENT
COMPREHENSIVE	DED	\$		\$
COLLISION	DED	\$		\$
ACV UNLESS AMT STATED		\$		\$
TOWING & LABOR		\$		\$
TRANS EXP/RENTAL RE		\$		\$
		\$		\$

## GENERAL INFORMATION (Explain all "yes" responses in remarks)

IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1-5		YES	NO	IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 6-10		YES	NO
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				6. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)			
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)				7. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?			
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)				8. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)			
4. ANY CAR KEPT AT SCHOOL?				9. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)			
5. ANY CAR PARKED ON STREET?				10. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO			
REMARKS							
INSURED'S SIGNATURE	DATE (MM/DD/YYYY)			PRODUCER'S SIGNATURE			

**DRIVER INFORMATION**

TYPE OF CHANGE	#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	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)**

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS?										YES	NO	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 YES	NO	AMOUNT OF PROPERTY DAMAGE		

**ADDITIONAL INTEREST**

			ADD	CHANGE	DELETE
VEH #	ADDL INT	NAME AND ADDRESS	LOAN NUMBER		
	LOSS PAY				

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**REMARKS**