

## Auto Change Request

**\*\*In order for this change to be processed correctly, all fields must be completed. Use this form only to delete, add, or replace a vehicle currently on the policy. This form may not be used to add a driver, delete a driver, or to change coverage. For such changes, please contact out office at 734-697-6000.\*\***

Name:

Phone:

Email:

Best Method of Contact:

Name of Insurance Company:

Policy Number:

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Effective Date of Change:        /        /20

Delete a Vehicle:        Year:        Make:        Model:

*Note: Deleting a vehicle completely removes all coverage from that vehicle on the policy including all liability and physical damages.*

Add a Vehicle:        Year:        Make:        Model:

VIN:

Comprehensive:        Collision:        Deductible:

Rental Car:        Towing:

Purchase Information:

Lienholder/Leaseholder Name:

Address:

Request proof of insurance (select only one option):

Fax #:

Attn:

Mail to:

Email to:

Pick-up From Our Office:

Is there anything else we should know regarding this change?