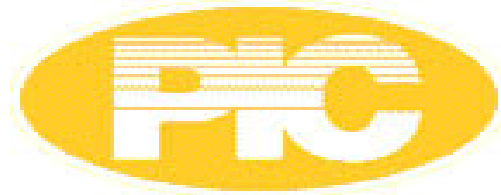




VEHICLE CHANGE REQUEST



Insured's Name: _____ Effective Date: _____

Policy Number: _____ Fax/Email: _____

***IF PHYSICAL DAMAGE SELECTED THEN VALUE MUST BE STATED**

Vehicle # _____ ADD DELETE Physical Damage/ Comp & Coll* YES NO

Vin Number: _____ Seating Capacity: _____ *Value: _____

Year _____ Make _____ Model _____

Vehicle # _____ ADD DELETE Physical Damage/ Comp & Coll* YES NO

Vin Number: _____ Seating Capacity: _____ *Value: _____

Year _____ Make _____ Model _____

Vehicle # _____ ADD DELETE Physical Damage/ Comp & Coll* YES NO

Vin Number: _____ Seating Capacity: _____ *Value: _____

Year _____ Make _____ Model _____

Vehicle # _____ ADD DELETE Physical Damage/ Comp & Coll* YES NO

Vin Number: _____ Seating Capacity: _____ *Value: _____

Year _____ Make _____ Model _____

Vehicle # _____ ADD DELETE Physical Damage/ Comp & Coll* YES NO

Vin Number: _____ Seating Capacity: _____ *Value: _____

Year _____ Make _____ Model _____

Vehicle # _____ ADD DELETE Physical Damage/ Comp & Coll* YES NO

Vin Number: _____ Seating Capacity: _____ *Value: _____

Year _____ Make _____ Model _____

Please Advise if Any Certificates
Required as a Result of the Changes

PLEASE REMEMBER THE DECISION TO ADD A VEHICLE WILL RESULT IN AN ADDITIONAL PREMIUM TO YOUR POLICY AND THAT A DELETION DOES NOT RESULT IN AN IMMEDIATE CREDIT FROM THE INSURANCE COMPANY.
IF A FINANCE COMPANY IS INVOLVED WITH YOUR POLICY THEY MUST BE CONSULTED FOR ANY ADDITIONAL FINANCING AND DOWN PAYMENTS.
ALSO ANY RETURN PREMIUMS ARE SENT BY THE INSURANCE COMPANY PROVIDING COVERAGE TO YOUR FINANCE COMPANY.

Sign Here: _____ Date: _____

PROFESSIONAL INSURANCE CENTER

2003 West Kennedy Boulevard
Tampa, Florida 33606
Fax (813)253-2676 Phone (813) 251-4900
E-mail:Professional-Insurance@PICONLINE.COM

