



# VEHICLE CHANGE REQUEST



Insured's Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

**\*PLEASE SEND A VEHICLE REGISTRATION FOR ANY NEW VEHICLE BEING ADDED 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 \_\_\_\_\_

IS THE VEHICLE BEING ADDED WHEELCHAIR ACCESSIBLE?  YES  NO  
IF YES IS IT A RAMP OR LIFT  LIFT  RAMP

Vehicle # \_\_\_\_\_  ADD  DELETE Physical Damage/ Comp & Coll\*  YES  NO  
Vin Number: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_ \*Value: \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

IS THE VEHICLE BEING ADDED WHEELCHAIR ACCESSIBLE?  YES  NO  
IF YES IS IT A RAMP OR LIFT  LIFT  RAMP

Vehicle # \_\_\_\_\_  ADD  DELETE Physical Damage/ Comp & Coll\*  YES  NO  
Vin Number: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_ \*Value: \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

IS THE VEHICLE BEING ADDED WHEELCHAIR ACCESSIBLE?  YES  NO  
IF YES IS IT A RAMP OR LIFT  LIFT  RAMP

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

If a newly added vehicle has a lien holder/loss payee, indicate which vehicle and provide

**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

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