

# POLICY CHANGE REQUEST FORM: PERSONAL AUTOMOBILE

FAX COMPLETED FORM TO: PERSONAL LINES DEPT (559) 222-7724



Today's Date/Time		Requested by	
Insured's Name		Email Address	
Phone Number		Fax Number	

## TYPE OF POLICY CHANGE(S) REQUESTED

<input type="checkbox"/> Add Vehicle	<input type="checkbox"/> Delete Vehicle	<input type="checkbox"/> Add Driver	<input type="checkbox"/> Delete Driver
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## ADD NEW VEHICLE *\*Required*

*Date Vehicle Purchased	_____		
*Vehicle Description	Year _____	Make _____	Model _____
*Vehicle ID Number	_____		
Cost New of Vehicle	_____	Vehicle Color	_____
Odometer reading:	_____		
Use of Vehicle ( <i>must =100%</i> )	_____ To/From Work	_____ Pleasure	_____ Work
Mileage	Distance To/From Work ( <i>one way</i> ) _____	Annual Mileage	_____
Any Special Equipment	_____ Yes _____ No	Explain:	_____
Any Damage to Vehicle	_____ Yes _____ No	Explain:	_____

## NEW VEHICLE PURCHASE INFORMATION

Vehicle is	_____ Leased	_____ Financed
Finance/Lease Company	_____	
Address of Finance/Lease Co	_____	
City, State Zip	_____	
Loan Number	_____	

## NEW VEHICLE COVERAGE REQUESTED

Coverage Requested (check all that apply) – All coverages may not be available from Insurance Carrier and additional premiums may be charged.			
_____ Liability	_____ Limit	_____ Comprehensive	_____ Deductible Amount
_____ Medical Payments		_____ Collision	_____ Deductible Amount
_____ Uninsured Motorists		_____ Collision Deductible Waiver	
_____ Uninsured Motorists Property Damage		_____ Towing	
_____ Rental Reimbursement		_____ Other:	

Please note some coverages may be subject to underwriting approval which could cause a delay in binding coverage.

JAMES G. PARKER INSURANCE ASSOCIATES  
P.O. BOX 3947 | FRESNO, CA 93650  
AGENCY LICENSE NUMBER 0554959

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<b>***Extra Coverage Options ***</b>		
<input type="checkbox"/> Special Physical Damage	<input type="checkbox"/> Permissive User Buyback	<input type="checkbox"/> Loan Gap

## ADD DRIVER INFORMATION *\*Required*

*Driver Name		
*Date of Birth		*Driver's License #
*Number Years Licensed		
*Tickets/Accidents	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If answer is yes, explain in Additional Comments</i>

## DELETE DRIVER INFORMATION *\*Required*

*Driver Name		
*Date of Birth		*Driver's License #
*Reason for Deleting Driver		
*Driver still in Household	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## DELETE VEHICLE *\*Required*

*Vehicle Description	Year	Make	Model
*Vehicle ID Number			
*Date Vehicle Deleted/Lost			
*Reason for Vehicle Deletion	<input type="checkbox"/> Sold	<input type="checkbox"/> Traded In	<input type="checkbox"/> Total Loss <input type="checkbox"/> Gifted

Additional Comments or Instructions

Signature of Named Insured

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