

# 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 |
|--------------------------------------|-----------------------------------------|-------------------------------------|----------------------------------------|

## 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                | Explain: _____                                 |                |             |
| Any Damage to Vehicle                | _____ Yes _____ No                             | Explain: _____ |             |
|                                      | _____ Yes _____ No                             |                |             |

## 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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### \*\*\*Extra Coverage Options \*\*\*

Special Physical Damage       Permissive User Buyback       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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