Auto Insurance Change Form

Name Insured:

Insurance Company:

Policy No:

Insured Vehicle:

Effective Date:

Please add/delete the following coverages of the said vehicle:

( )Liability: ( )Uninsured Auto:

( )Accident Benefits: ( )Collision:

( )DCPD: ( )Comprehensive:

( )All Perils: ( ) Endorsements:

 Change Use of the said vehicle

Pleasure/Commute\_\_\_\_\_\_KM one way &\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Km per Year

Any Business or Commercial use, Any other drivers, Special Remarks

Change Deductible of the said vehicle:

Signature of Insured(s)