

VEHICLE CHANGE REQUEST

Fax Request to (818) 827-1763 or email to info@lemoreinsurance.com. Allow 24-48 Hours for processing.

Date: _____
Named Insured: _____
Policy Number: _____
Add Vehicle _____ Remove Vehicle _____

Vehicle

Add Vehicle _____ Remove Vehicle _____
Year _____ Make _____ Model _____
Vehicle ID # (VIN) _____
Garaging Address: _____ Zip Code _____
Cost New: _____ or Stated Amount (Value): _____
Gross Vehicle Weight: _____
Radius of Travel (check one):
__50__ __100__ __200__ __300__ __500__ Unlimited 48 States

Coverage Requested – put an X next to each coverage that you are requesting

___ Liability Limit Bodily Injury \$ _____ / \$ _____ Liability Limit Property Damage \$ _____
___ Or Combined Single Limit \$ _____
___ Uninsured Motorist Bodily Injury \$ _____ / \$ _____
___ Uninsured Motorist Property Damage \$3500 OR
___ Collision Deductible Waiver
___ Comprehensive \$ _____ Deductible
___ Collision \$ _____ Deductible
___ Rental Coverage \$ _____ per day _____ number of days
___ Towing Coverage

Additional Insured / Loss Payee Yes _____ No _____

Additional Insured / Lien holder and Loss Payee Request
Name of Additional Insured / Lien holder and Address

Account # or Loan # _____
Phone Number _____
Fax # _____

No coverage is bound until a confirmation in writing is issued by our office. Please note, The coverages you are requesting are subject to availability and underwriting approval. Please check endorsement documentation issued by the carrier to confirm the coverages you received. The change you requested may result in a change of premium.

Contact Person: _____
Phone # _____ Fax # _____
Email Address: _____
Signature (Authorized Representative) _____
Print Name _____; Title: _____