

AUTO CHANGE REQUEST FORM

To: BOVARD INSURANCE GROUP
Attention: Terry Hart
Fax: 913-529-1137

Insured's Name: _____ Phone number: _____

ADD VEHICLE:

Effective date of addition: _____

Year: _____ Make: _____ Model: _____

Vehicle Identification Number (VIN): _____

Customized features & extra value: _____

Cost new: \$ _____ Gross vehicle weight: _____

Garaged at: _____
Street Address City State Zip

Vehicle radius (*circle one*): 0-50 51-200 over 200

Vehicle was (*check one*): _____ Purchased _____ Leased

Loss Payee/Lienholder: _____

Comprehensive coverage desired? Yes _____ No _____ Deductible \$ _____

Collision coverage desired? Yes _____ No _____ Deductible \$ _____

DELETE VEHICLE:

Effective date of deletion: _____

Year, make & model of vehicle to be deleted: _____

Vehicle Identification Number (VIN): _____

Requested by: _____ Date: _____