Moreno & Graham Insurance Services, Inc.
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Agency Lic # 0C77443   www.mginsuranceservices.com

VEHICLE CHANGE REQUEST

TODAY'S DATE: _____ / _____ / _____

YOUR NAME / DBA: _____

YOUR POLICY # : _____

INSTRUCTIONS - PLEASE READ CAREFULLY! : *Please complete the section that applies, SIGN where indicated and fax this form to our office so we may process your request.*

** **FOR VEHICLE ADDITIONS:*** Please attach the registration, purchase contract or lease agreement (if leased) to verify interest. The STATED VALUE and DEDUCTIBLE sections should be completed *only* if physical damage is desired, otherwise write "N/A" (not applicable). Please make sure vehicle is registered under "COMMERCIAL" use and not "automobile" to avoid problems with DMV registration process. PAYMENT FOR VEHICLE ADDITIONS WILL BE DUE UPON RECEIPT OF BILLING OR POLICY WILL BE CANCELLED**.**

* **FOR VEHICLE DELETIONS:** One of the following items is required by the insurance company before they will delete a vehicle: **(1)** Bill of Sale, Release of Liability, Vehicle Transfer Agreement or letter from dealership (if vehicle was sold, transferred or traded in); **(2)** Insurance ID card or declaration pages proving that vehicle has been added to your personal auto policy AND a signed statement confirming that vehicle will not be used for business (passenger carriers only); **(3)** DMV planned non-operation form (if vehicle is down for long term repairs and is inoperable); or **(4)** Lease termination agreement (if vehicle is registered under someone else's name).

☐ **ADD VEHICLE**   **(PLEASE REMEMBER TO ATTACH REGISTRATION TO ADD VEHICLE!!)**   ☐ **DELETE VEHICLE**

Year & Make:_____	Year & Make:_____
Model: _____	Model: _____
Full VIN Number:_____	Full VIN Number:_____
Desired Effective Date for Change: _____ / _____ / _____	Desired Effective Date for Change: _____ / _____ / _____

COMPLETE IF **ADDING** VEHICLE	COMPLETE IF **DELETING** VEHICLE
FILL IN "VALUE" SECTION ONLY IF YOU WANT *FULL COVERAGE* (PHYSICAL DAMAGE). OTHERWISE, WRITE *"N/A"* Stated Value $:_____ Deductible $:_____	**REASON FOR DELETION?** (Please remember to attach supporting paperwork - see above):
PASSENGER CARRIERS ONLY:	☐ SOLD, TRANSFERRED OR TRADED IN
Seat Capacity (Not including driver): _____	☐ INSURED UNDER PRIVATE AUTO POLICY (passenger carriers only)
If stretched: Inches: _____ Stretched By: _____	☐ NON-OPERATION
Will this vehicle go into the airports? ☐ Yes ☐ No	☐ OTHER: (PLEASE EXPLAIN BELOW):
FREIGHT CARRIERS ONLY:	_____
Gross Vehicle Weight: _____	_____
Number of Axles: _____	_____

(X) _____   _____
AUTHORIZED SIGNATURE   **PRINT NAME**

M&G 08/2009