



Insurance Brokers of  
**MARYLAND**

## AUTO POLICY CHANGE REQUEST FORM - V2

|  |                        |
|--|------------------------|
| Date:  | Info Received By:      |
| Policy Holder:   | Change Effective Date: |
| Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | Email:                 |
| Company Name:  | Policy #:              |

### Vehicle Information

|  |   |
|--|---|
| Mark All That Apply: <input type="checkbox"/> Add <input type="checkbox"/> Replace <input type="checkbox"/> Delete   | Mark All That Apply: <input type="checkbox"/> New <input type="checkbox"/> Used |
| Vehicle Titled To:   |   |
| Mark All That Apply: <input type="checkbox"/> Tags turned in <input type="checkbox"/> Transferred <input type="checkbox"/> New   |   |
| Vehicle Year:  | Make & Model:   |
| VIN/Serial #:  |   |
| Vehicle Equipment (Mark All That Apply): <input type="checkbox"/> Anti-Lock Brakes <input type="checkbox"/> Dual Airbags <input type="checkbox"/> Security Alarm <input type="checkbox"/> Lojack |   |
| Use: <input type="checkbox"/> Pleasure <input type="checkbox"/> Commute  | Mileage One-Way: <input type="checkbox"/> Work <input type="checkbox"/> School  |
| Loss Payee Name:   |   |
| Loss Payee Address:  |   |

### Coverages

|  |   |
|--|---|
| Liability Limits:  |   |
| Comprehensive Ded:   | Collision Ded:  |
| Towing: <input type="checkbox"/> Yes <input type="checkbox"/> No | Rental: <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| GAP: <input type="checkbox"/> Yes <input type="checkbox"/> No    | Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Driver

|  |   |
|--|---|
| Mark All That Apply: <input type="checkbox"/> Add <input type="checkbox"/> Replace <input type="checkbox"/> Delete |   |
| Name:  | <input type="checkbox"/> Male <input type="checkbox"/> Female                         |
| DOB:   | Driver's License Number:  |
| SSN:   | Date Licensed: <input type="checkbox"/> GSD <input type="checkbox"/> Driving Training |
| Comments:  |   |