

VEHICLE CHANGE FORM

PLEASE REVIEW THIS FORM CAREFULLY; SIGN AND RETURN TO OUR OFFICE.

Changes will be made in our office upon receipt of this form. Effective date will be the date requested if form is returned within 1 week. Please pay as billed; credits and changes will be reflected on your next billing cycle.

PLEASE BE AWARE THAT IF YOU CANCEL COVERAGE ON A VEHICLE THAT YOU STILL OWN WE ARE NOT RESPONSIBLE FOR ANY AUDITS FROM THE BMV. YOU CAN LOSE YOUR LICENSE FOR 6 MONTHS IF YOU DROP COVERAGE ON VEHICLES YOU ARE STILL RESPONSIBLE FOR.

PERSONAL INFO

NAME	DATE	POLICY NUMBER

TYPE:

CANCEL	REPLACEMENT	CHANGE

OLD VEHICLE

YEAR	MAKE	MODEL	VIN

NEW VEHICLE

YEAR	MAKE	MODEL	VIN

COVERAGE

	RECOMMENDED	CLIENT'S CHOICE (FILL IN ONLY WHAT YOU WANT CHANGED)
BODILY INJURY/ PROPERTY DAMAGE	100/300/100	
MEDICAL	10,000	
COMPREHENSIVE		
COLLISION		
UNDERINSURED MOTORIST	100/300	
UNDERINSURED MOTORIST PROPERTY DAMAGE	IF ONLY LIABILITY	
TOWING/LABOR	IF NEWER THAN 10 YEARS	
GAP	IF LOAN ON VEHICLE	
RENTAL	30 DAY (max may apply)	

I am aware that these limits recommended by CSA Insurance Group are the minimum amounts they recommend and may not cover all losses. I understand what all of the coverage's mean. I wish to have the coverage's listed under clients choice.

Please sign and return to 7300 ST RT 108, WAUSEON OH 43567.

NAMED INSURED SIGNATURE

DATE

AGENCY

DATE