

AUTO CHANGE REQUEST

CUSTOMER NAME: _____

POLICY NUMBER: _____

Additional Auto Information

Please provide the following additional information in order for us to efficiently process your Policy Change Request.

1. Effective Date of Change: _____

2. Year, Make & Model: _____

3. Original Cost New: _____

4. Garaging Location: _____

5. Driver Information: _____

6. VIN: _____

7. Same Coverage as on the Existing Policy? _____

8. Driver's Name: _____

9. Driver's State of License: _____

10. Driver's License Number: _____

11. Driver's Social Security Number: _____

12. Driver's Date of Birth: _____

-----**FOR LHU USE ONLY**-----

SEND TO:

Underwriter: _____

Company: _____