**Commercial Lines Vehicle Change Request**

**Email to:** **changes@centuryinsure.com**

**Named Insured:**

**Effective Date:**

Who called to make change? [ ]  Dealer [ ]  Insured

If Dealer, confirmed w/Insured? [ ]  Yes [ ]  No

Dealer name:

Dealer Phone#:       Dealer Fax#:

**Delete Vehicle?** [ ]  Yes [ ]  No If Yes, describe:

**Add vehicle:**

|  |  |
| --- | --- |
| Year  |       |
| Make |       |
| Model |       |
| VIN# |       |
| Cost New | $       |
| Coverages |       |
| Leinholder Name Address City St Zip | [ ]  Yes [ ]  No                           |
| Veh Leased? Need Gap? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Name on Title |       |
| Owners have PAP policy in Place? | [ ]  Yes [ ]  No |
| If not, Add DOC Broadened FPB? | [ ]  Yes [ ]  No Names of those to be covered |

**NOTES:**