**Commercial Lines Vehicle Change Request**

**Email to:** [**changes@centuryinsure.com**](mailto: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:**