



Vehicle Addition/Deletion Form

Company Name _____

DBA _____

Policy Numer _____

VEHICLE INFORMATION

Please List All Vehicle Information If Comprehensive & Collision Coverage Are Desired, Must List Cost New of Vehicle.

Add/ Delete	YEAR	MAKE	MODEL	VEHICLE I.D. NUMBER (17 DIGITS)	GARAGE LOCATION	VEHICLE VALUE	PHYSICAL DAMAGE	IS VEHICLE (A)FLATBED (B)TOW TRUCK (C) TRAILER (D) SERVICE CAR (E) OTHER
							SPEC PERILDED COMPDED COLLDED	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E

Leinholder Name & Address:

Leinholder Email/Fax Number:

Add/ Delete	YEAR	MAKE	MODEL	VEHICLE I.D. NUMBER (17 DIGITS)	GARAGE LOCATION	VEHICLE VALUE	PHYSICAL DAMAGE	IS VEHICLE (A)FLATBED (B)TOW TRUCK (C) TRAILER (D) SERVICE CAR (E) OTHER
							SPEC PERILDED COMPDED COLLDED	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E

Leinholder Name & Address:

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Add/ Delete	YEAR	MAKE	MODEL	VEHICLE I.D. NUMBER (17 DIGITS)	GARAGE LOCATION	VEHICLE VALUE	PHYSICAL DAMAGE	IS VEHICLE (A)FLATBED (B)TOW TRUCK (C) TRAILER (D) SERVICE CAR (E) OTHER
							SPEC PERILDED COMPDED COLLDED	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E

Leinholder Name & Address:

Leinholder Email/Fax Number:

I confirm the information regarding the aforementioned vehicles and their corresponding VINs and values is current and accurate.

Signature of Insured _____

Date _____