AUTOMOBILE CHANGE REQUEST

Spectrum Risk Management & Insurance Services, LLC
74 Discovery
Irvine, CA 92618
Phone: (949) 756-5730 Fax: (949) 756-5740
Attn:_____

Insured: _____ Date: _____

Number of Pages: _____

Please print this page, complete the following and fax the form to your Account Manager at Spectrum Risk Management & Insurance Services.

ADD VEHICLE:

Add Effective Date: _____
Year, Make & Model: _____
Vehicle ID Number: _____
Original Cost when Vehicle was New: _____
Overnight Garaging City, State & Zip: _____
Describe Usage of Vehicle: (i.e.: to/from work, sales calls, deliveries etc.)
_____

Is vehicle financed or leased: YES or NO RETAIL LOAN or LEASE
***Please forward any documents you may have regarding the financing/leasing company and/or the dealership contact information where vehicle was purchased.*

Name of Registered Owner: _____
_____

Coverage's Requested: Will be "same" as like vehicles on current policy unless requested otherwise

DELETE VEHICLE:

Delete Effective Date: _____

Year, Make & Model: _____

Vehicle ID Number: _____

Reason for Deletion: _____