

ASI- American Service Insurance
Change Request Form

Para-Transit

Specialty Insurance- Fax (804)272-5202

Policy #: _____ Effective Date: _____ () Endorsement
() Cancellation
Named Insured: _____ () Renewal
() Reinstatement

OPERATOR: () Add () Delete () Change

Name: _____ DOB: _____ Lic #: _____ State _____

GARAGING ADDRESS: _____

MAILING ADDRESS: _____

VEHICLE CHANGE: () Add:

Year: _____ Make: _____ Model: _____ VIN: _____

() Loss Payee or () Additional Insured: _____

Coverages: *(Needed for all vehicles being added)* () Add () Drop () Change

() Liability Only () Comp/Collision -> () \$250/\$250 () \$500/\$500 or () \$1,000/\$1,000

() Med Pay

#Passengers: _____ Lifts/Ramps: _____ If adding vehicle w/ full coverage need ACV: \$ _____

() Delete:

Year: _____ Make: _____ Model: _____ VIN: _____

Also put in words the changes you want to make: _____

Producer's Signature

Insured's Signature