ASI- American Service Insurance
Change Request Form
TAXI

Specialty Insurance- Fax (804)272-5202

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

OPERATOR: ( ) Add ( ) Delete

Name: _____ DOB: _____

License #:_____ State: _____ (If not VA agent must furnish MVR)

GARAGING ADDRESS: _____

MAILING ADDRESS: _____

VEHICLE CHANGE ( ) Add:

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

( ) Loss Payee or ( ) Additional Insured: _____

_____

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

( ) Liability Only ( ) Comp/Collision -> ( ) $500/$500 or ( ) $1,000/$1,000 ( ) Med Pay

if adding vehicle w/ full coverage we need ACV: $_____

( ) Delete:

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

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

_____

_____ _____

Producer's Signature Insured's Signature