

AUTO CHANGE FORM - TRANSIT



**INSTRUCTIONS:**

**ONLY ONE CHANGE PER FORM**

- 1. Please answer all questions – we cannot process incomplete forms.
- 2. Sign and date the completed form.

By Fax: (780) 955-3615  
 By Mail: 2510 Sparrow Drive, Nisku, AB T9E 8N5  
 By Email: forms@RMAInsurance.com

MEMBER NAME \_\_\_\_\_ CUSTOMER # \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ FAX \_\_\_\_\_

REGISTERED OWNER \_\_\_\_\_

Please check one of the following:  ADDITION  CHANGE POLICY ITEM # \_\_\_\_\_  DELETE POLICY ITEM # \_\_\_\_\_

Deductibles: \$10,000

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Your unit number: \_\_\_\_\_ Unit Purchase Price: \_\_\_\_\_

What type of bus (regular, double decker? \_\_\_\_\_

If Bus, how many seats \_\_\_\_\_

**Lien Holder Name & Address**

CBO# \_\_\_\_\_

Address \_\_\_\_\_

City, Prov, Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**\*\*\*Please supply a copy of the bill of sale with this form\*\*\***

Signature of individual completing this application \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_