



AUTOMOBILE CHANGE FORM

INSTRUCTIONS:

- 1. Only ONE CHANGE PER FORM.
- 2. Please answer all questions – we cannot process incomplete forms.
- 3. Please supply a copy of the bill of sale with this form.
- 4. Sign and date the completed form.

MEMBER INFORMATION

MEMBER NAME: _____ CUSTOMER #: _____

CONTACT PERSON: _____ PHONE #: _____

EMAIL: _____ REGISTERED OWNER: _____

- 1. Please check one of the following: Addition Change Policy Item # Delete Policy Item #
- 2. Effective date of change: _____

AUTOMOBILE INFORMATION

VEHICLE YEAR: _____ VEHICLE MAKE: _____ VEHICLE MODEL: _____

SERIAL #: _____ MEMBER'S UNIT #: _____ UNIT PURCHASE PRICE: _____

- 1. What is the vehicle used for? (patrol car, running errands, gravel hauling, etc.) _____
- 2. Which department uses this unit? _____
- 3. Does this unit have an attachment? Yes No
 - a. If yes, is it permanently attached or will it be detached from the unit at any given time?
 Permanent Detachable
- 4. Add to heavy equipment policy for physical damage (emergency vehicles, trailers [\$20,000 and up], or attachment only): Yes No
- b. If yes, what is the value of the attachment? \$ _____
- c. Describe the attachment (picker): _____
- d. If this is a bus, how many seats are there? _____

IF ANI / CBO OWNED:

Name: _____

Address: _____

City & Province: _____

Postal Code: _____

Phone #: _____

LIENHOLDER / LEASOR NAME & ADDRESS

Name: _____

Address: _____

City & Province: _____

Postal Code: _____

Phone #: _____

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE