



2510 Sparrow Drive, Nisku, AB T9E 8N5 | Phone: 780.955.3639 Fax: 780.955.3615

AUTOMOBILE CHANGE FORM

INSTRUCTIONS:

1. Complete one form per change request.
2. Please answer all questions – we cannot process incomplete forms.
3. Provide a copy of the bill of sale.
4. Sign and date the completed form.

MEMBER INFORMATION

MEMBER NAME:

CUSTOMER NO.:

CONTACT PERSON:

PHONE NO.:

EMAIL:

REGISTERED OWNER:

1. Please check one of the following: ☐ Addition ☐ Change Policy Item No. _____ ☐ Delete Policy Item No. _____
2. Effective date of change: _____

AUTOMOBILE INFORMATION

VEHICLE YEAR:

VEHICLE MAKE:

VEHICLE MODEL:

SERIAL NO.:

MEMBER'S UNIT NO.:

UNIT PURCHASE PRICE:

1. What is the vehicle used for? (Eg., 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
 - b. If yes, what is the value of the attachment? \$ _____
 - c. Describe the attachment (Eg., plow, picker, etc.): _____
- If detachable, unit will be added as a separate item to heavy equipment policy for physical damage*
4. If this is a bus, how many seats are there? _____
- Note: Emergency vehicles, Fire Trucks and trailers valued \$20,000 and above will be automatically be added to Heavy Equipment Policy for Physical Damage and Auto policy will carry Third Party Liability.*



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AUTOMOBILE CHANGE FORM

IF ANI / CBO OWNED:

Name: _____

Address: _____

City & Province: _____

Postal Code: _____

Phone No.: _____

LIENHOLDER / LEASOR NAME & ADDRESS

Name: _____

Address: _____

City & Province: _____

Postal Code: _____

Phone No.: _____

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