

POLICY CHANGE REQUEST

(AUTO & OTHER)

Memo No.	Member Name	Phone No.	Fax No.
----------	-------------	-----------	---------

VEHICLE CHANGE #1

Effective Date of Change	Add <input type="checkbox"/>	Delete <input type="checkbox"/>	Change <input type="checkbox"/>
--------------------------	------------------------------	---------------------------------	---------------------------------

VEHICLE DESCRIPTION

MOPERM Vehicle No.	Year	Make	Model	Is the vehicle used for Law Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Identification No. (VIN)		Cost New	Actual Purchase Price	Vehicle Dept. and Use

Has This Vehicle Been Modified With Special Equipment? (If yes, please specify the modification and value.)

COVERAGES (CHECK DESIRED COVERAGES & NOTE DESIRED DEDUCTIBLES)

Liability Only <input type="checkbox"/>	Med Pay <input type="checkbox"/>	Full Coverage* <input type="checkbox"/>	Comprehensive Deductible \$	Collision Deductible \$	<i>*IMPORTANT: Cost New and Purchase Price MUST be provided above if full coverage is desired.</i>	Agreed Value (Only available on specialty units.) <input type="checkbox"/>
Additional Insured		Name & Address				
Loss Payee						

Additional Information Regarding Above Vehicle

VEHICLE CHANGE #2

Effective Date of Change	Add <input type="checkbox"/>	Delete <input type="checkbox"/>	Change <input type="checkbox"/>
--------------------------	------------------------------	---------------------------------	---------------------------------

VEHICLE DESCRIPTION

MOPERM Vehicle No.	Year	Make	Model	Is the vehicle used for Law Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Identification No. (VIN)		Cost New	Actual Purchase Price	Vehicle Dept. and Use

Has This Vehicle Been Modified With Special Equipment? (If yes, please specify the modification and value.)

COVERAGES (CHECK DESIRED COVERAGES & NOTE DESIRED DEDUCTIBLES)

Liability Only <input type="checkbox"/>	Med Pay <input type="checkbox"/>	Full Coverage* <input type="checkbox"/>	Comprehensive Deductible \$	Collision Deductible \$	<i>*IMPORTANT: Cost New and Purchase Price MUST be provided above if full coverage is desired.</i>	Agreed Value (Only available on specialty units.) <input type="checkbox"/>
Additional Insured		Name & Address				
Loss Payee						

Additional Information Regarding Above Vehicle

OTHER CHANGE or COMMENTS

Effective Date

Completed By	Title
--------------	-------

Please feel free to copy this form for additional vehicle changes.
 Specialty vehicles may include: ambulances, rescue vehicles, fire trucks, etc.
 Questions? Call toll-free: 888-5MOPERM Ext. 26. Fax completed form to 573-751-8276.