

REQUEST FORM TO ADD / DELETE / CHANGE VEHICLES, TRAILERS OR EQUIPMENT

Please email your requests to matthew.davis@epicbrokers.com or fax to 614-573-7294

Date: _____ Insured's Name : _____

What type of change do you want to make (check one): For more than one change use "Additional" section below.

Add New Delete Change

Effective Date of Purchase, Delete or Change: _____

Description of Vehicle, Trailer or Equipment

Year/Make/Model: _____

VIN (17 digits) or Serial # : _____

Price New: \$ _____ What City/State/Zip the vehicle will be garaged in: _____

Gross Vehicle Weight of Auto: _____ GVW If a trailer, weight of trailer: _____ lbs

SE Plated? _____

Coverages (select your coverages below):

Liability Uninsured Comp. Collision Med Pay PIP

Lien Holder Information: _____

Additional Vehicle, Trailer or Equipment Changes

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*For additional Vehicles, Trailers, or Equipment changes please use additional pages.