

# Auto Change Request

Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Requested Effective Date of Change: \_\_\_\_\_

**Adding:**

Year	Make	Serial #	Value	Leased: Yes or No

**Please select the coverage you want for the above listed unit(s). Only the coverage you select will be added to the unit(s). Note that a value is required for physical damage coverage to be added.**

Coverage(s): Liability \_\_\_\_\_ Phys. Damage \_\_\_\_\_ Cargo \_\_\_\_\_

Type of Trailer: Reefer \_\_\_\_\_ Flatbed \_\_\_\_\_ Dry Van \_\_\_\_\_ Other(Describe) \_\_\_\_\_

Who are the vehicle(s) registered to? \_\_\_\_\_

Are any of the vehicle(s) owned by an owner/operator? YES or NO

Loss Payee	Additional Insured
Name: _____	Name: _____
Address: _____	Address: _____

If certificate needs to be emailed, provide email address: \_\_\_\_\_

**Deleting:**

Year	Make	Model	Serial #

DISPOSITION/REASON FOR DELETION: \_\_\_\_\_

The disposition is required before the insurance company will delete a unit(s) from your policy.

**\*\*If this delete is due to a lease termination, the insurance company will require a copy of the signed Lease Termination OR Bill of Sale\*\***

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Print Name

**EMAIL CHANGE REQUEST FORM TO: [INFO@TISBARTLETT.COM](mailto:INFO@TISBARTLETT.COM)**

If this policy is financed, please note that your finance contract is separate from your insurance policy contract. Monthly payments must be made to the finance company until your contract is paid in full. Return premiums for removing vehicles from your policy will take 90-120 days and will be applied directly to your finance contract. If your contract is paid in full, any funds returned by the insurance company to your policy will be returned to you by the agency within 15 days of receipt. It may take the agency 90-120 days to receive the funds back from the insurance company.