HANSON & RYAN INC.
Insurance Since 1876

DATE: _____

Vehicle Change Request

REQUESTED BY: Name _____

Phone # _____

- ☐ Insured
- ☐ Account Manager
- ☐ Certholder
- ☐ Other

INSURED NAME: _____

Policy # _____ State _____

TYPE	YEAR	MAKE	MODEL	VEHICLE INDENTIFICATION NUMBER	COST NEW
☐ ADD ☐ DELETE ☐ CHANGE					$

EFFECTIVE DATE: _____ **GARAGE LOCATION:** _____

VEHICLE TITLED TO: _____

COVERAGES:

☐ Liability ☐ UM/UIM ☐ PIP ☐ Med Pay

☐ Comp Deduct: ☐ Collision Deduct: _____

☐ Other: _____

Radius of Operations (miles) ☐ 0 - 50 ☐ 51 - 200 ☐ over 200

GVW (LBS) ☐ 0-10,000 ☐ 10,001-20,000 ☐ 20,001-45,000 ☐ over 45,000

ALL Trailers: Load Capacity (LBS) ☐ 0-2,000 ☐ over 2,000 ☐ Semitrailer

☐ **LIENHOLDER** (Loss Payee)

☐ **LESSOR** (Loss Payee & Addl. Insured)

Name & Address _____

Signature X _____ **Date** _____

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