TRANSPORTATION INSURORS
A DOXA COMPANY

CHANGE REQUEST FORM

Insured Name: _____ Certificate #: _____ Effective Date: _____

PLEASE CHECK BOXES FOR ALL REQUIRED & RELEVENT CHANGES. PLEASE BE SURE TO FILL OUT ALL INFORMATION TO ENSURE YOUR CHANGE CAN BE PROCESSED QUICK AND EFFICIENTLY.

☐ Name Change: _____

☐ Mailing Address: _____ City: _____ State: _____ Zip: _____

☐ Garaging Address: _____ City: _____ State: _____ Zip: _____

☐ **Coverage Change:**

☐ **Add** ☐ **Remove** ☐ **Change Limit (Designate vehicle/driver information below for PD & NTL additions)**

Type of Coverage*: _____

** Separate application required when adding GL, Property, Occ/Acc, MTC, and/or Passenger Accident.*

☐ **Cancel Coverage due to:**

☐ **Delinquent Payments** ☐ **Left Trucking Industry** ☐ **Pricing** ☐ **Service Related**

☐ **Other:** _____

☐ **Vehicle Change:**

☐ **Add** ☐ **Remove** ☐ **Change Value** ☐ **Change Lienholder**

Year: _____ Make: _____ Model: _____ VIN: _____ Value: $_____

Commodities Hauled: _____

Lienholder: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ **Driver Change:**

☐ **Add** Name: _____ DOB: _____ DOH: _____

DL#: _____ State: _____ Years of Commercial Exp: _____ Gender: ☐ M ☐ F *(required for NDA)*

☐ **Remove** Name: _____ DOB: _____

Name: _____ DOB: _____

☐ **Lease Company Change** ☐ **Lienholder Change** ☐ **Additional Insured Change**

☐ **Add** ☐ **Remove** ☐ **Change**

Company: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Commodities Hauled: _____

☐ **Other Changes: (i.e., additional insured, change of commodity hauled, beneficiary, etc.)**

_____

_____

_____

AGENCY: _____ **NAME:** _____

SIGNATURE: _____ **DATE:** _____

ADDITIONAL CHANGES

☐ **Vehicle Change:**

☐ Add ☐ Remove ☐ Change Value ☐ Change Lienholder

Year: _______ Make: __________________ Model: _________________ VIN: __________________ Value: $________________

Commodities Hauled: ____

Lienholder: __________________________________ Phone: __________________ Email: _____________________________

Address: ____ City: __________________ State: ______ Zip: __________

☐ Add ☐ Remove ☐ Change Value ☐ Change Lienholder

Year: _______ Make: __________________ Model: _________________ VIN: __________________ Value: $________________

Commodities Hauled: ____

Lienholder: __________________________________ Phone: __________________ Email: _____________________________

Address: ____ City: __________________ State: ______ Zip: __________

☐ Add ☐ Remove ☐ Change Value ☐ Change Lienholder

Year: _______ Make: __________________ Model: _________________ VIN: __________________ Value: $________________

Commodities Hauled: ____

Lienholder: __________________________________ Phone: __________________ Email: _____________________________

Address: ____ City: __________________ State: ______ Zip: __________

☐ Add ☐ Remove ☐ Change Value ☐ Change Lienholder

Year: _______ Make: __________________ Model: _________________ VIN: __________________ Value: $________________

Commodities Hauled: ____

Lienholder: __________________________________ Phone: __________________ Email: _____________________________

Address: ____ City: __________________ State: ______ Zip: __________

☐ **Driver Change:**

☐ Add Name: ____ DOB: ____________________ DOH: _____________

DL#: ____________________ State: _______ Years of Commercial Exp: _______ Gender: ☐ M ☐ F (required for NDA)

☐ Add Name: ____ DOB: ____________________ DOH: _____________

DL#: ____________________ State: _______ Years of Commercial Exp: _______ Gender: ☐ M ☐ F (required for NDA)

☐ Remove Name: ____ DOB: ____________________

Name: ____ DOB: ____________________

Name: ____ DOB: ____________________

Name: ____ DOB: ____________________

☐ **Lease Company Change** ☐ **Lienholder Change** ☐ **Additional Insured Change**

☐ Add ☐ Remove ☐ Change

Company: __________________________________ Phone: __________________ Email: _____________________________

Address: ____ City: __________________ State: ______ Zip: __________

Commodities Hauled: ____