

Dealership
Vehicle Change Request Form
From Mitchell-Joseph Insurance Agency
Phone 585-374-2629
Fax 585-374-8783

Date: _____ Dealer _____ Effective Date _____

Insured Name _____
Address _____

Personal Vehicle Registered To: _____

Changes:

_____ Delete Vehicle _____
_____ Add Vehicle: Yr _____ Make _____ Model _____

VIN# _____

Credits/ circle

ABS Air Bags/ Dual or Single Daytime running lights
Anti Theft Device type _____
Odometer reading _____ MSRP _____

Is this a new or used vehicle? If new, will you FAX / MAIL MSO/Bill of Sale

Leinholder/LeaseAddress: _____

Coverages _____

Comprehensive Deductible _____
Collision Deductible _____
Towing _____
Rental _____

Dealer Fax # _____ Dealer phone # _____

Dealership Name _____

INSURED'S SIGNATURE _____