

Requesting Company Name: _____

Policy Change Form

Date requested for change to take effect: (MM/DD/YYYY) ____/____/____

Address Changed To: _____
Check all that apply: Mailing Address Billing Address Physical Location Address

Add Vehicle: Year _____ Make _____ Model _____
VIN# _____
Cost New \$ _____ GVW _____ Actual Cash Value \$ _____
Comp Deductible (if desired) \$ _____ Collision Deductible (if desired) \$ _____

Delete Vehicle: Year _____ Make _____ Model _____
VIN# _____

Add Driver: Name: (First, Last) _____
CDL# _____ D.O.B. _____ (Circle One:) Married / Single

Delete Driver: Name & CADL: (First, Last) _____

Add Equipment: Year _____ Make _____ Model _____
Serial # _____ Model # _____
Cost New \$ _____ Actual Cash Value \$ _____

Delete Equipment: Year _____ Make _____ Model _____
Serial # _____ Model # _____

Add Mortgagee / Loss Payee / Leinholder:
Name: _____
Address: _____

Loan # _____ Fax # _____
Property or Vehicle: _____

Delete Mortgagee / Loss Payee / Leinholder: _____

Add / Delete Workers Comp Class Code: _____ **Estimated Payroll:** \$ _____

Other: _____

Customer Signature X..... Today's Date: _____

***Fax to: CPG at 916-984-3100 or
Email to Endorsements@cpgib.com***