

ADD/DELETE VEHICLE FORM

DATE: _____

EMAIL TO: autochanges@aegis-online.com

OR FAX TO: (770) 667-8348

AEGIS INSURANCE SERVICES, INC.

5755 North Point Parkway #277, Alpharetta, GA 30022

FROM: _____

EMAIL: _____

PHONE # _____

THE FOLLOWING VEHICLE SHOULD BE:

CHANGED _____ Description of change _____

ADDED _____

DELETED _____ Reason _____

**For deletions, please list reason (sold/traded/totaled, etc.)
Attach Bill of Sale, if applicable**

PLEASE CHECK COVERAGE DESIRED:

_____ FULL COVERAGE (Liability, Comp & Coll)

_____ LIABILITY ONLY

INSURED:
EFFECTIVE DATE:
NAME OF REGISTERED OWNER:
STATE REGISTERED (IF NY OR GA, PROVIDE VEHICLE REGISTRATION):
YEAR/MAKE/MODEL:
INSURED UNIT #:
VIN (MUST HAVE ALL 17 DIGITS):
COST NEW:
GARAGING LOCATION:
RADIUS OF OPERATION: _____ Under 50 miles _____ 51-200 miles _____ Over 200 miles
ADDITIONAL INTEREST (if applicable) _____ LOSS PAYEE _____ LENDER'S LOSS PAYEE _____ ADDITIONAL INSURED
Provide name and address of additional interest here:

SIGNATURE OF
AUTHORIZED REPRESENTATIVE