



## ADD/DELETE VEHICLE FORM

EMAIL TO: [autochanges@aegis-online.com](mailto:autochanges@aegis-online.com)

OR FAX TO: (770) 667-8348

REQUESTED BY: [Your name & email]

\_\_\_\_\_

\_\_\_\_\_

**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

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|--|
| <b>INSURED:</b>  |
| <b>EFFECTIVE DATE:</b>   |
| <b>NAME OF REGISTERED OWNER:</b>   |
| <b>ADDRESS OF REGISTERED OWNER: (IF NOT NAMED INSURED)</b>                     |
|  |
| <b>STATE REGISTERED: (IF NY OR GA, PROVIDE VEHICLE REGISTRATION)</b>           |
| <b>YEAR:                      MAKE:                      MODEL:</b>            |
| <b>INSURED UNIT #:</b>   |
| <b>VIN: (MUST HAVE ALL 17 DIGITS)</b>  |
| <b>COST NEW:</b>   |
| <b>VEHICLE GARAGING LOCATION (City &amp; State):</b>                           |
| <b>RADIUS OF OPERATION:</b>  |
| <input type="checkbox"/> Under 50 miles <input type="checkbox"/> 201-300 miles |
| <input type="checkbox"/> 51-100 miles <input type="checkbox"/> 301-500 miles   |
| <input type="checkbox"/> 101-200 miles <input type="checkbox"/> Over 500 miles |
| <b>ADDITIONAL INTEREST (if applicable)</b>                                     |
| <input type="checkbox"/> LOSS PAYEE  |
| <input type="checkbox"/> LENDER'S LOSS PAYEE                                   |
| <input type="checkbox"/> ADDITIONAL INSURED                                    |
| <b>Provide name and address of additional interest here:</b>                   |
|  |