ARMS INSURANCE AGENCY
ATTN: COMMERCIAL DEPARTMENT
FAX# 616-954-9855

updated 02/21/11 LJH
please use this form immediately

CHANGE REQUEST FORM

Named Insured: _____

Effective Date of Change: ____/____/____

VEHICLE INFO: ☐**Add** ☐**Delete** ☐**Change**

☐**Company Owned** ☐**Owner/Operator**

Vehicle (Year, Make, Model):
_____

Full VIN#: _____

Coverage's:

☐**Liability Only** ☐**Comprehensive:** __ ☐**Collision:** __

☐**Cargo:** __ ☐**Non-Trucking Liability:** __

(Fill out ONLY if Physical Damage coverage is requested)
Limit of Insurance (Value of Vehicle or Stated Amount): $ __

** ☐ **Driver of vehicle:** _____
Driver already on policy

Loss Payee / Additional Insured: *Write in information*

_____

_____

_____

***PLEASE NOTE*:**
FOR ALL ADDITIONS OF VEHICLES OR TRAILERS, WE MUST HAVE A TITLE OR REGISTRATION. FOR AMERISURE CHANGES WE MUST HAVE REGISTRATIONS & LEASE AGREEMENTS FOR ALL VEHICLES AND A DEPOSIT, OF $1,000/TRACTOR & $175/TRAILERS.

DRIVER INFO: ☐**Add** ☐**Delete** ☐**Run MVR Only**

First Name: _____ **Last Name:** _____

Date of Birth: / / **Date of Hire:** / /

Drivers License Number: _____ **State:**

Years Experience with Similar Equipment: _____ **(Must fill in ALL blanks)**

Original Year CDL issued: ___ **Social Security Number:** - -

_____ **Drivers Ph#** _____
Vehicle driver will be using (Yr, Make, last 6 of vin#)

_____
Insured's Signature