



# PERSONAL AUTO POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)  
02/10/2025

|   |  |  |                             |
|---|--|--|-----------------------------|
| <b>AGENCY</b><br>Agency Name<br>123 Main St<br>#234<br>San Francisco CA 94106   |  | <b>CARRIER</b><br>Carrier Name   | <b>NAIC CODE</b><br>Carrier |
| <b>CONTACT</b><br>NAME: Robin W. Smith<br>PHONE (A/C. No. Ext): (555) 444-3333<br>FAX (A/C. No.): (555) 444-3333<br>E-MAIL ADDRESS: testy@example.com   |  | <b>ATTENTION</b><br>Carrier Attention  | <b>NAIC Code</b>            |
| <b>CODE:</b> Agency Code Number <b>SUBCODE:</b> Agency Subcode  |  | <b>POLICY NUMBER</b><br>Carrier Policy Number  |                             |
| <b>AGENCY CUSTOMER ID:</b> Agency Customer ID <b>Number</b>   |  | <b>ACCOUNT NUMBER</b><br>Carrier Account Number  |                             |
| <b>NAMED INSURED(S)</b><br>NamedInsured_FullName_A  |  | <b>EFFECTIVE DATE OF CHANGE</b><br>02/10/2025  |                             |
| <b>INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED</b><br>NamedInsured_FullName_B<br>NamedInsured_MailingAddress_     NamedInsur-<br>NameCodeNamedMailingAddressCodeMailingPrPhoneCode_A |  | <b>EFFECTIVE DATE OF POLICY</b><br>02/10/2025  |                             |
| <b>TAX CODE</b><br>Name-<br>dInsu-<br>Physical  |  | <b>EXPIRATION DATE</b><br>02/10/2025   |                             |
| <b>AGENCY CUSTOMER ID:</b> Agency Customer ID <b>Number</b>   |  | <b>CHANGE BILLING PLAN TO:</b><br><input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY   |                             |
| <b>INSURED'S MAILING ADDRESS IS GARAGING ADDRESS</b><br>AddressUsed_  |  | <b>COLUMNS INDICATED WITH AN ASTERISK * ARE INTENDED FOR "TYPES OF CHANGE" CODES. PERMISSIBLE "TYPE OF CHANGE" CODES ARE:</b><br><b>A - ADD                                      C - CHANGE                                      D - DELETE</b><br><b>I - INFORMATION ONLY (NO CHANGE)</b> |                             |

| * LOC | STREET              | CITY   | COUNTY        | STATE | ZIP + 4 |
|-------|---------------------|--------|---------------|-------|---------|
| 1     | California Typin St | Postal | San Francisco | CA    | 94106   |
| 2     | California Typin St | Code_A | San Francisco | CA    | 94106   |

### VEHICLE DESCRIPTION / USE

| * VEH | LOC | YEAR | MAKE  | MODEL  | BODY TYPE | VIN     | REG STATE | REG TO DRV # | HP/CC | DATE LEASED | DATE PURCH | NEWT/USED  |     |
|-------|-----|------|-------|--------|-----------|---------|-----------|--------------|-------|-------------|------------|------------|-----|
| 1     | 1   | 2020 | MAKES | MODELS | VEHICLE   | VEHICLE | 02/       | VE-          | VE-   | VE-         | 02/10/2025 | 02/10/2025 | NEW |
| 2     | 2   | 2020 | MAKES | MODELS | VEHICLE   | VEHICLE | 02/       | VE-          | VE-   | VE-         | 02/10/2025 | 02/10/2025 | NEW |

### VEHICLE COVERAGES (excluding NO FAULT)

| VEH | CLASS | PASSIVE SEAT BELT | AIRBAG | ANTI-LOCK BRAKES | ANTI-THEFT DEVICES | CREDITS AND SURCHARGES | VEH CLASS | PASSIVE SEAT BELT | AIRBAG | ANTI-LOCK BRAKES | ANTI-THEFT DEVICES | CREDITS AND SURCHARGES |
|-----|-------|-------------------|--------|------------------|--------------------|------------------------|-----------|-------------------|--------|------------------|--------------------|------------------------|
| 1   | 20    | 20                | 20     | 20               | 20                 | 20                     | 20        | 20                | 20     | 20               | 20                 | 20                     |
| 2   | 20    | 20                | 20     | 20               | 20                 | 20                     | 20        | 20                | 20     | 20               | 20                 | 20                     |

### REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Placeholder text for remarks, including a sample Lorem ipsum sentence.

ADDITIONAL VEHICLE COVERAGES (including NO FAULT)

Table with columns: \*, VEH, CODE, DESCRIPTION, LIMIT, LIMIT APPLIES TO, DEDUCTIBLE, OPTIONS. Contains multiple rows of vehicle coverage details.

DRIVER INFORMATION

Table with columns: #, NAME (FIRST, MIDDLE, LAST), SEX, MAR, REL TO APPLIC, DATE OF BIRTH, OCCUPATION, DATE LIC, DRIVERS LICENSE #, LIC STATE, SOCIAL SECURITY #. Includes driver details for three individuals.

ACCIDENTS / CONVICTIONS- IF DRIVER ADDED (Note: Your driving record is verified with the state motor vehicle department and other insurers)

Table with columns: DRV #, DATE OF ACCIDENT / CONVICTION, DESCRIPTION OF ACCIDENT OR CONVICTION, PLACE OF ACCIDENT / CONVICTION, BI OR DEATH PEN, AMOUNT OF PROPERTY DAMAGE. Lists three incidents.

GENERAL INFORMATION (Explain all "YES" responses)

Form with various sections: 1. VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1- 3 and 9. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4- 9. 2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? 3. ANY EXISTING DAMAGE TO VEHICLE? 4. IS THIS HOUSEHOLD MEMBER IN MILITARY SERVICE? 5. HAS DRIVER LICENSE BEEN SUSPENDED / REVOKED?

**GENERAL INFORMATION (continued) (Explain all "YES" responses)**

| IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1- 3 and 9. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4- 9   |   | Y / N       |
|---|---|-------------|
| 6. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT and WI)  |   | X           |
| DRV #   | DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE     |             |
| Ge-   | Gen Info Physical Impairment Driver Description |             |
| 7. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT, OR and WI) |   | X           |
| DRV #   | EXPLANATION                                     |             |
| Ge-   | Gen Info Medical Treatment Driver Explanation   |             |
| 8. ANY FINANCIAL RESPONSIBILITY FILING?   |   | X           |
| DRV #   | REASON FOR FILING                               | FILING DATE |
| Ge-   | Gen Info Financial Responsibility Driver Reason | 02/10/20-   |
| 9. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Arizona and Missouri Applicants - Do not answer this question)                |   | 25          |
| DRV #   | REASON DECLINED, CANCELLED, OR NON-RENEWED      |             |
| Ge-   | Gen Info Coverage Declined Driver Reason        |             |

**ADDITIONAL INTEREST**

| ADDITIONAL INTEREST  |  | X                       | ADD       | CHANGE      | DELETE     |
|--|--|-------------------------|-----------|-------------|------------|
| INTEREST DESCRIPTION   | NAME AND ADDRESS OR RANK   | INTEREST IN ITEM NUMBER |           |             |            |
|  |  | VEHICLE:                | LOCATION: | Item Number | Item       |
| <input checked="" type="checkbox"/> ADDITIONAL INSURED<br><input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE<br><input checked="" type="checkbox"/> LIENHOLDER<br><input checked="" type="checkbox"/> LOSS PAYEE<br><input checked="" type="checkbox"/> OWNER<br><input checked="" type="checkbox"/> REGISTRANT<br><input checked="" type="checkbox"/> Additional | Robin W. Smith<br>123 Main St<br>#234<br>San Francisco<br>CA 94106<br>REFERENCE / LOAN #: Additional |                         |           | Additional  | Additional |

**ADDITIONAL INTEREST**

| ADDITIONAL INTEREST  |  | X                       | ADD       | CHANGE      | DELETE     |
|--|--|-------------------------|-----------|-------------|------------|
| INTEREST DESCRIPTION   | NAME AND ADDRESS OR RANK   | INTEREST IN ITEM NUMBER |           |             |            |
|  |  | VEHICLE:                | LOCATION: | Item Number | Item       |
| <input checked="" type="checkbox"/> ADDITIONAL INSURED<br><input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE<br><input checked="" type="checkbox"/> LIENHOLDER<br><input checked="" type="checkbox"/> LOSS PAYEE<br><input checked="" type="checkbox"/> OWNER<br><input checked="" type="checkbox"/> REGISTRANT<br><input checked="" type="checkbox"/> Additional | Robin W. Smith<br>123 Main St<br>#234<br>San Francisco<br>CA 94106<br>REFERENCE / LOAN #: Additional |                         |           | Additional  | Additional |

**REMARKS (ACORD 101, Additional Remarks Schedule may be attached if more space is required)**

| REMARKS  | Vehicle                             | Number          |
|--|-------------------------------------|-----------------|
| Description<br>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor. | Additional Reference Or Loan Number | Additional Item |

FRAUD STATEMENTS / SIGNATURE

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

|                       |  |  |
|-----------------------|--|--|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print)<br>Robin W. Smith | STATE PRODUCER LICENSE NO<br>(Required in Florida)<br>Producer License |
| APPLICANT'S SIGNATURE | DATE   | NATIONAL PRODUCER NUMBER<br>National<br>Producer Number                |