

VEHICLE CHANGE REQUEST FORM –
Email to TransProtection@vanliner.com or
Fax to 855-472-1290

ADD

CHANGE

DELETE

***** IF ADDING A UNIT – PLEASE SEND A COPY OF THE REGISTRATION WITH THE CHANGE REQUEST. (Not the Title)**

INSURED: _____

Garaged Location: _____

State of Registration: _____

Registration in the name of: _____

POLICY NUMBER: _____ EFF. DATE OF CHANGE: _____

VEHICLE TYPE:

TRUCK
TRACTOR
TRAILER

PRIVATE PASSENGER

WE NEED:
Titled to whom: _____
How Autos used: _____
Who will be driving? _____

Year Make/Model VIN

Unit Number: _____ Gross Combined Vehicle Weight: _____

Business Use: Service Commercial
Radius of Operations: 0-50 miles 51-200 miles over 200 miles

LIABILITY ONLY _____ Owner Operator: _____

LIABILITY AND PHYSICAL DAMAGE (comprehensive and collision) _____

Original Cost New: \$ _____ (required to quote physical damage coverage)

Comprehensive Deductible \$ _____ Collision Deductible \$ _____

Loss payee: _____ Add'l Insured: _____

Comments: _____

Requested by: _____ Date: _____