



Auto and Equipment CHANGE FORM:

Email Completed Form to: service@partnerins.com

Questions? Call 571.489.6600

AUTOMOBILE CHANGE REQUEST

Add Delete

Insured: _____

Name Vehicle Titled In: _____

Date Purchased/Sold: _____ VIN: _____

Year: _____ Make: _____ Model: _____

Equipment Permanently Attached on Vehicle: Yes No If Yes, Cost _____

New of Equipment: _____

Equipment Year _____ Make _____

Model _____ Model _____

S/N _____ Description _____

Would you like Income Loss Quoted for equipment? Yes No

Would you like the equipment quoted on the auto policy Yes No

(1 deductible if vehicle is in an accident but depreciated valuation on equipment) or on the CPK policy (separate deductible for the equipment but Replacement Cost Valuation if valued within policy RC period)? Yes No

State Vehicle Registered: _____

Full Coverage _____

Lender: _____

Name _____

Street Address _____

City _____ State _____ Zip _____

EQUIPMENT CHANGE REQUEST

Leased Purchased

Insured: _____

Name Equipment Titled In: _____

Date Purchased: _____

Delete: Description: _____ **Add:** Year: _____

_____ Make: _____

_____ Model: _____

ID/Serial #: _____ ID/serial #: _____

_____ Cost New: \$ _____

Loss Payee:

Name

Street Address

City

State

Zip

Change Requested by:

Name

Date