



Providing Exceptional Risk Management Solutions and Insurance Brokerage Services

# COMMERCIAL AUTO POLICY CHANGE REQUEST

**Important Notice:** We cannot bind coverage from email or voicemail request. Coverage is bound after you receive a written email or telephone confirmation from an Account Manager. Please contact your Account Manager to request changes on policies other than Commercial Auto, Property and Inland Marine.

Policy holder:

Policy number:

Requestor:

## Contact Information:

Address:

Work phone:

Email:

Fax number:

Mobile phone:

Best time to reach:

## Change Detail

Add Vehicle

Effective date of change:

Name vehicle is titled under:

Year of vehicle:

Make/Model:

Body type:

Cost new:

Vehicle Identification Number (VIN):

Use:

Garage location:

Gross Vehicle Weight (Trucks, Trailers):

Radius:

Coverages:  Liability  PIP  Medical Payments (if applicable)  Uninsured/Underinsured Motorist

Comprehensive - Deductible Amount:   Collision - Deductible Amount:

Add loss payee or additional insured Name and address of bank or individual:

Delete or Change Vehicle(s) Effective date of change:

Year, Make, last 4 numbers of VIN:

Description of change:  Explanation for deletion or change:

Add Driver Effective date of change:

Name of Driver:   Request a Motor Vehicle Record

License number:  State:  Date of birth:

Delete or Change Drivers Effective date of change:

Name of Driver:

Explanation for deletion or change:

Please allow 1 business day for confirmation. If you have not received confirmation after 1 business day, please [contact your Account Manager](#)

If you are submitting this form through Internet Email, please address it to: [service@ashgroup.us.com](mailto:service@ashgroup.us.com)