



Vehicle Addition Form

Insured: _____ Date: _____
Effective Date: _____
Vehicle Information
Year: _____ Make: _____ Model: _____
Body Type: _____ Vehicle use: Service/Commercial/Personal
(VIN No.: _____)
Cost New: _____ Gross Vehicle Weight: _____
License Plates: New or Transferred (Circle the one which applies)
If license plates are being transferred, which vehicle is being replaced:
VIN No.: _____
Leased or Purchased (Circle the one which applies)
Garaged: _____

Additional Insured/Loss Payee Information
Additional/Loss Payee/Both (Circle the one which applies): _____
Dealership Information: _____
Attention: _____
Fax No.: _____
If the dealership requires insurance information please provide the dealership's information and we will forward the proper documents. If not completed all insurance documentation will be forwarded to the insured.