

TODAY'S DATE: _____
 INSURED'S NAME / DBA: _____ / _____
 INSURED'S POLICY # : _____

REQUEST TO CHANGE LIMITS/COVERAGES

INSTRUCTIONS - PLEASE READ CAREFULLY! : Please complete, SIGN where indicated and fax this form to our office so we may process your request. WE DO NOT PROCESS CHANGES OVER THE PHONE.

PLEASE: INCREASE DECREASE ADD DELETE

THE FOLLOWING LIMITS/COVERAGES ON MY POLICY TO:

	COVERAGE	NEW LIMIT	
<input type="checkbox"/>	Auto Liability <i>(Will apply to all vehicles)</i>		
<input type="checkbox"/>	General Liability <i>(Will apply to all vehicles)</i>		Square feet of your office: _____
<input type="checkbox"/>	Cargo Coverage <i>(Will apply to all vehicles)</i>		
<input type="checkbox"/>	Stated Value <i>(For 1 Vehicle only)</i>		
<input type="checkbox"/>	Physical Damage Coverage		Year/Make/Last 6 of vin #: _____
<input type="checkbox"/>	Radius in miles <i>(Will apply to all vehicles)</i>		Remarks: _____
<input type="checkbox"/>	Other: _____		Remarks: _____

EFFECTIVE DATE FOR CHANGE: _____

Sincerely,

