

**POLICY CHANGE REQUEST
OHIO
AUTOMOBILE INSURANCE PLAN**

Name of Insurance Company

Policy Number

Complete all applicable sections and mail to insurance company.

Name of Insured (As appears on Vehicle Registration)

Producer

Telephone (Incl. Area Code)

Producer's License Number

Producer's IRS or Social Security No.

Street

City

State

Zip Code

1. VEHICLE INFORMATION

Delete Vehicle

Year

Make

Vehicle Identification No.

a. Private Passenger

Replacement Vehicle or Added Vehicle

Year

Make

Model Name & Body Style

Vehicle Identification No.

Cyts.

H.P./Cu.Inc./CC

Purchased Mo.

New Yr.

Used

Damaged

Yes No If "yes" explain in remarks

Altered Yes No

Restored Yes No

Use and Classification

Pleasure/Work

Business

Farm

Principal Place of Garaging

Miles to Work or School

State Registered In

Address of Applicant as Appears on registration

Territory

Rate Class

Penalty Points

Symbols

Comp.

Coll.

Age Group

b. Commercial Type

Replacement Vehicle or Added Vehicle

a Year, Trade Name, Body Type - Truck, Truck Tractor Trailer, Semi-Trailer, Bus Seating Capacity, Model Number

Rating Classification

Purchased Mo./Yr.

New Used

Gross Vehicle Weight (GVW) Trucks Only

Size (L-M-H-EH)

Radius (L-I-L-D)

Final

b Identification Number

State of Registry

Orig. Cost New *

Gross Comb. Weight (GCW) Truck Tractors Only

Business Use (S-R-C)

Spec. Ind. (M-T-FD-SD WD-F-D)

c Garaging Location (Town, State)

Rating Territory

Comp. Symbol

Coll. Symbol

lbs.

lbs.

* Chassis and Body Including Special Equipment

2. LOSS PAYEE

Add

Change To

Delete

Applicable To Vehicle:

Year

Make

Vehicle Identification No.

Name of Loss Payee

Street

City

State

Zip Code

3. COVERAGES

In Accordance with Plan Rules

Add

Change To

Delete

Applicable To Vehicle:

Year

Make

Vehicle Identification No.

Check Applicable Box →

Bodily Injury Liability

Property Damage Liability

Medical Payments

UM/UIM Coverage*

Uninsured Motorists Property Damage Coverage

Comprehensive

Collision

Limits/Ded.

\$

\$

\$

\$

\$

\$

\$

\$

Premium

\$

\$

\$

\$

\$

\$

\$

\$

***PROTECTION AGAINST UNINSURED MOTORIST AND UNDERINSURED MOTORIST COVERAGE**

- I accept Uninsured Motorist with Underinsured Motorist Coverage at limits equivalent to auto liability coverage.
- I accept Uninsured Motorist with Underinsured Motorist Coverage at limits lower than auto liability coverage (indicate limits above).
- I reject Uninsured and Underinsured Motorist Coverage in its entirety.

Estimated Annual Premium \$

4. DRIVER INFORMATION

Delete Driver:

Name:

Reason:

Added Drivers

Name

Relationship to Insured

% Use of Veh. 1 Veh 2

Birth Date Mo. Day Yr.

Sex M-F

Marital Status

Drivers License No. and State

Licensed 3 Yrs. No- Give Date Issued

Name	Relationship to Insured	% Use of Veh. 1 Veh 2	Birth Date Mo. Day Yr.	Sex M-F	Marital Status	Drivers License No. and State	Licensed 3 Yrs. No- Give Date Issued	
							Yes	No- Give Date Issued