



ADD/DELETE VEHICLE FORM

EMAIL TO: autochanges@aegis-online.com

OR FAX TO: (770) 667-8348

REQUESTED BY: [Your name & email]

THE FOLLOWING VEHICLE SHOULD BE:

CHANGED Description of change _____

ADDED

DELETED Reason _____

**For deletions, please list reason (sold/traded/totaled, etc.)
Attach Bill of Sale, if applicable**

PLEASE CHECK COVERAGE DESIRED:

FULL COVERAGE (Liability, Comp & Coll)

LIABILITY ONLY

INSURED:
EFFECTIVE DATE:
NAME OF REGISTERED OWNER:
ADDRESS OF REGISTERED OWNER: (IF NOT NAMED INSURED)
STATE REGISTERED: (IF NY OR GA, PROVIDE VEHICLE REGISTRATION)
YEAR: MAKE: MODEL:
INSURED UNIT #:
VIN: (MUST HAVE ALL 17 DIGITS)
COST NEW:
VEHICLE GARAGING LOCATION (City & State):
IF APPLICABLE SHORT TERM LEASE <input type="checkbox"/> LONG TERM LEASE <input type="checkbox"/>
RADIUS OF OPERATION: <input type="checkbox"/> Under 50 miles <input type="checkbox"/> 201-300 miles <input type="checkbox"/> 51-100 miles <input type="checkbox"/> 301-500 miles <input type="checkbox"/> 101-200 miles <input type="checkbox"/> Over 500 miles
ADDITIONAL INTEREST (if applicable) <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE <input type="checkbox"/> ADDITIONAL INSURED Provide name and address of additional interest here: