



Member:	_____
Requested By:	_____
Phone No:	_____
Date:	_____

### VEHICLE CHANGE REQUEST

Vehicle:    \*Add \_\_\_\_\_    Delete \_\_\_\_\_    Change \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Gross Vehicle Weight: \_\_\_\_\_

VIN: \_\_\_\_\_

Unit No.: \_\_\_\_\_

If a bus, indicate seating capacity: \_\_\_\_\_

If Physical Damage coverage is desired, indicate \_\_\_\_\_

Original Cost New: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Used for Drivers Education?: Yes \_\_\_\_\_ No \_\_\_\_\_

Is vehicle leased/financed?: Yes \_\_\_\_\_ No \_\_\_\_\_

Loss Payee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vehicle:    \*Add \_\_\_\_\_    Delete \_\_\_\_\_    Change \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Gross Vehicle Weight: \_\_\_\_\_

VIN: \_\_\_\_\_

Unit No.: \_\_\_\_\_

If a bus, indicate seating capacity: \_\_\_\_\_

If Physical Damage coverage is desired, indicate \_\_\_\_\_

Original Cost New: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Used for Drivers Education?: Yes \_\_\_\_\_ No \_\_\_\_\_

Is vehicle leased/financed?: Yes \_\_\_\_\_ No \_\_\_\_\_

Loss Payee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vehicle:    \*Add \_\_\_\_\_    Delete \_\_\_\_\_    Change \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Gross Vehicle Weight: \_\_\_\_\_

VIN: \_\_\_\_\_

Unit No.: \_\_\_\_\_

If a bus, indicate seating capacity: \_\_\_\_\_

If Physical Damage coverage is desired, indicate \_\_\_\_\_

Original Cost New: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Used for Drivers Education?: Yes \_\_\_\_\_ No \_\_\_\_\_

Is vehicle leased/financed?: Yes \_\_\_\_\_ No \_\_\_\_\_

Loss Payee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vehicle:    \*Add \_\_\_\_\_    Delete \_\_\_\_\_    Change \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Gross Vehicle Weight: \_\_\_\_\_

VIN: \_\_\_\_\_

Unit No.: \_\_\_\_\_

If a bus, indicate seating capacity: \_\_\_\_\_

If Physical Damage coverage is desired, indicate \_\_\_\_\_

Original Cost New: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Used for Drivers Education?: Yes \_\_\_\_\_ No \_\_\_\_\_

Is vehicle leased/financed?: Yes \_\_\_\_\_ No \_\_\_\_\_

Loss Payee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*FOR VEHICLE ADDITIONS, ATTACH A COPY OF VEHICLE TITLE, IF AVAILABLE**

**Submit Completed Form to:**  
 MELODY COONS, LITIGATION ASSISTANT  
 P.O. BOX 97877  
 RALEIGH, NC 27624  
 Tel No: 919-747-6684      Fax No.: 919-841-4315  
 Email: mcoons@ncsba.org