

CHANGE REQUEST FORM*

Policy Number:

Insured Name:

Street Address:

City, State Zip:

Effective Date of the Change:

Please contact a Customer Service Representative at 1.888.647.8639 for all other coverage changes.

*Minimum of \$10.00 charge for any change that requires additional premium.
Refunds less than \$1.00 are waived.

CHANGE OF NAME, ADDRESS OR E-MAIL ADDRESS

New Name and / or Address:

E-Mail Address:

TYPE OF CHANGE: (A) ADD a vehicle* (D) DELETE a vehicle (C) CHANGE the Agreed Value

Type of Change	Year	Make	Model	VIN	Agreed Value
1. ()					\$
2. ()					\$
3. ()					\$
4. ()					\$
5. ()					\$

*A minimum of two clear photos which shows all 4 sides of the vehicle are required. Additional photos showing interior and / or engine can be submitted

*A copy of the Vehicle Registration is required

NEW VEHICLE STORAGE DETAILS

	Garage Construction Type		Garage Location Address	
	Frame	Brick	Street, City, State, Zip Code	County
Garage 1				
Garage 2				

Garage Security (check all that apply)

	Sprinklered	Guards/ Watchman/ Caretaker	Enclosed & Locked	Burglar Alarm	Fire Extinguisher	Central Station Fire Alarm	Local Fire Alarm
Garage 1							
Garage 2							

New Vehicle Garage Location		
Add the Change Number above to indicate the garage location for all requests to add a new vehicle to the policy		
	Change Number	
Garage 1		
Garage 2		

COLLECTOR VEHICLE DETAILS						
Additional Interest						
Veh. 1	Loan	Lease	Interest Type:	Additional Insured	Loss Payee	Loss Payee and Additional Insured
Loan/Lease No.			Phone No.		Fax No.	
Additional Interest Name:						
Street:			City:		State:	Zip:
Phone:			Email:			
Veh. 2	Loan	Lease	Interest Type:	Additional Insured	Loss Payee	Loss Payee and Additional Insured
Loan/Lease No.			Phone No.		Fax No.	
Additional Interest Name:						
Street:			City:		State:	Zip:
Phone:			Email:			

Modification Type					Vehicle Condition		
	Stock	High Performance	Modified/Custom	Replica/Kit/Reconstructed	Fair	Good	Excellent
Veh. 1							
Veh. 2							
Modifications							
	Engine, Body or Drive Train differ from original?		Will the engine, body or drive train be changed?		Has horsepower been altered?		
Veh. 1	Yes	No	Yes	No	Yes	No	
Veh. 2	Yes	No	Yes	No	Yes	No	

Vehicle Type						
Veh. 1	Automobile	Pickup Truck	Other Truck	Motorcycle	Tractor	Other:
Veh. 2	Automobile	Pickup Truck	Other Truck	Motorcycle	Tractor	Other:

Vehicle Usage (check one for primary use)							
	Pleasure	Show	Club	Daily Transportation	Primary or Secondary Vehicle	To and From Work or School	Racing or Rallying
Veh. 1							
Veh. 2							

	Other Usage: (Describe)	Annual Mileage
Veh. 1		
Veh. 2		

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Send to:

Grundy Worldwide
P.O. Box 1957
400 Horsham Road
Horsham, PA 19044

Comments:

To speak with a Customer Service Representative, please call our Customer Service Department at 1-888.647.8639.