400 HORSHAM ROAD | P.O BOX 1957 HORSHAM, PENNSYLVANIA 19044 Email: collectorvehicle@grundy.com

CHANCE DECLIEST FORM*

	Cr	ANIGE REQU	EST FURIVI"	
Policy Number:				
Insured Name:				
Street Address:				
City, State, Zip:				
Effective Date of the	Change:			
	charge for any ch	resentative at 1.888.64 ange that requires a	47.8639 for all other coverage dditional premium.	ge changes.
CHANGE OF NAME,	, ADDRESS, OR EI	MAIL ADDRESS		
Type of Change:	Billing Only	Garaging Only	Registration Only	All Apply
New Name and/ or A	ddress:			
Email Address:				
Phone Number:				
TYPE OF CHANGE:	(A) ADD a ve	hicle* (D) DELET	E a vehicle (C) CHANG	GE the Agreed Value/Coverage

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

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

*If you are adding a vehicle(s) or increasing value(s), please include (2) photos of the vehicle.
*A copy of the Vehicle Registration is required.

NE	NEW VEHICLE STORAGE DETAILS								
		Garage Co	nstruction Type	Garage Location Address					
		Frame	Brick	Street, City, State, Zip Code	County				
	Garage 1								
	Garage 2								

	Garage Security (check all that apply)									
	Sprinkler System	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	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									

COLLEC	TOR VEHIC	LE DETAIL	S					
Additional	Interest							
Veh. 1	Loan	Lease	Interest 7	Гуре:	Additional Insured	Loss Payee	Loss Payee	and Additional Insured
Loan/Lease	e No.				Phone No.		Fax No.	
Additional I	nterest Name	:			•			
Street:				City:			State:	Zip:
Phone:				Email:				
Veh. 2	Loan	Lease	Interest T	уре:	Additional Insured	Loss Payee	Loss Payee a	and Additional Insured
Loan/Lease	e No.				Phone No.		Fax No.	
Additional I	nterest Name	:			•			
Street:				City:			State:	Zip:
Phone:				Email:				

						Vehicle	e Condition	on
Modifica	ation Type				Fa	ir G	ood E	xcellent
Veh. 1	Stock	High Performance	Modified/Custom	Replica/Kit/Reconstruc	ted			
Veh. 2	Stock	High Performance	Modified/Custom	Replica/Kit/Reconstructed				
Modifica	ations					-		
	Engine, Bo	dy or Drive Train differ	Will the engine,	body or drive train be	Hac b	oroonow	ar boon ol	torod?
	fı	rom original?	cl	changed?		Has horsepower been alte		tereur
Veh. 1	Yes	No	Yes	No	,	Yes		No
Veh. 2	Yes	No	Yes	es No		Yes		No

Vehicle	Туре						
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		

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

Send to: Grundy Worldwide P.O. Box 1957

400 Horsham Road Horsham, PA 19044

Via email: collectorvehicle@grundy.com

Comments:

To speak with a Customer Service Representative, please call our Customer Service Department at 1-888-647-8639.