



**VEHICLE / EQUIPMENT CHANGE FORM
ADDITION AND/OR DELETION**

PHONE: 703-834-3120

FAX: 703-834-3159

COMPANY NAME: _____

REQUESTED BY: _____

PHONE NUMBER: _____

ADDITION OF VEHICLE / EQUIPMENT: INSURED BY: ERIE ,
PROGRESSIVE OR TRAVELERS (CIRCLE ONE)

DATE OF PURCHASE: _____ (exact date to avoid DMV penalty)

YEAR, MAKE & MODEL: _____

VIN/Serial #: _____ (17 Characters)

COST WHEN NEW (approx) \$ _____ GVW (commercial only) _____

FULL COVERAGE YES / NO OR LIABILITY ONLY YES / NO

LIEN/LEASE GAP COVERAGE: YES / NO

NAME & ADDRESS OF LIENHOLDER(if any): _____

DELETION OF VEHICLE / EQUIPMENT

DATE SOLD/TRADED: _____ (exact date to avoid DMV penalty)

YEAR/MAKE/MODEL: _____

LAST SIX (6) DIGITS OF SERIAL#: _____