



Adventist Risk Management, Inc.

Automobile Policy Change Request

Type of Request: ☒ Add ☐ Delete
☐ Change ☐ Quote

Effective Date of Change: _____

1 Client Information (Note: local organizations include churches, schools, community service centers and similar locations)

Insured Name: _____
Local Organization Name: _____
Local Organization Address: _____

2 Automobile Information

Year: _____ Make: _____ Model: _____ V.I.N.: _____
Garage Location (city/town, state and Z.I.P. Code): _____

3 Type of Automobile (Select only one)

☐ **Truck or Trailer**

How is truck or trailer primarily used? (select only one)

- ☐ **Service:** driven to job site for majority of the day
☐ **Commercial:** transports property to a business
☐ **Retail:** delivers property to individual households.

Radius of operation: ☐ 0-50 miles ☐ 51-200 miles ☐ 200+ miles

Gross Vehicle Weight: _____

☐ **Bus or Van**

How is bus or van primarily used? (select only one)

- ☐ **School:** transports passengers for school activities
☐ **Church:** Transports passengers for church activities
☐ **Social Service:** transports passenger for comm. Serv.

Radius of operation: ☐ 0-50 miles ☐ 51-200 miles ☐ 200+ miles

Seating Capacity: _____

☐ **Motorhome**

Length of motorhome: _____

☐ **Other Automobile** (such as cars, snowmobiles, golf carts)

Describe how the automobile is primarily used:

4 Coverage (Select coverage by entering a limit or deductible)

Liability: \$1,000,000

Personal Injury Protection: _____

Property Protection (MI Only): _____

Auto Medical Payment: _____

Uninsured Motorist: _____

Underinsured Motorist: _____

Comprehensive (\$250 minimum): _____

Collision (\$500 minimum): _____

Original Cost New: _____

Instructions

Some coverages not available in every state, contact ARM if you have any questions.

5 Loss Payee

Lending institution if automobile is financed

Name: _____

Street Address: _____

City: _____

State: _____ Z.I.P. Code: _____

Phone #: _____

Loan #: _____

6 General Information (If any questions are "Yes", please provide explanation)

1. Is this automobile primarily operated by non-employees (such as students or volunteers)? Yes ☐ No ☐
Explanation: _____
2. Is the primary operator of the automobile not covered by a Worker's Compensation policy? Yes ☐ No ☐
Explanation: _____
3. Any existing damage to the automobile? Yes ☐ No ☐
Explanation: _____

7 Other Information

8 Signature

Authorized Representative of the Insured: _____ Date: _____

Authorized Representative of ARM: _____ Date: _____