## FLORIDA AUTOMOBILE INSURANCE PLAN COMMERCIAL POLICY CHANGE REQUEST Change Request Form Applies to: Business Auto – Truckers Policy – Garage Policy

Name of Insure	d, and Addre	ss (As	shown on F	Policy Decla	arations)									
Name of Insura	ince Compan	y and	Policy No.				Policy	y Effective Date	е					
Agency Name				Producer's Name				Producer's	Code	Produce	Producer's DFS License No.			
Mailing Address				City, State, Zip Code				Producer's Tax No.				Telephone No. (incl. area code)		
			dditional vehicle leased? s □ No □											
1. D VEHICL	F DELETIC	N	Veh. No.		Yea			Make	Make		Vehicle Identification No.			
I. LI VERICLE DELETION														
2. VEHICLE ADDITION Copy of registration required with this		Veh. No.	Year Trade Nan		me/Model No. Purcha Mo./Y				Cost New	Gross \ Weight Trucks	(GVW) only	Special Industry Class	Size (L-M-H-EH)	
request.			Vehicle	Vehicle Identification No. (VIN)		CC/ No. Axels		Body Type Rating Classification		Gross Com (GC Truck-Tra	:W)	Radius Clas (L-I-LD)	Use (P-B)	
☐ Replacen	nent Vehicle		Garage Location (Complete Address		elete Address)	F	Rating T	erritory	Seating Capacity	Comp. Symbol	Coll. Symbols	Business Us (S-R-C)	Primary	
or			Commo	dities Hauled Indica		ate Vehicles that lo Passengers in			rt	lchairs and/or	•	• •	Secondary	
☐ Added Ve	hicle	Veh												
		1.												
ATTACH SUPPLE  3. COVERAGE	MENTAL CON	MERC Add	IAL VEHICLE Change		AIP 3515 FOR Applicable	ADDITIONA Year	L VEHI	CLES. Make	Vehic	le Identificat	ion No			
In Accordance wit					To Vehicle:	roai			VOING	ic identificat				
Check Applicable Box →		bility Property Damage Liability Limit □		Personal Injury Protection Deductible  Complete Section 8 of this Form.		Medical Payments Limits □		Uninsure  Motorists  Complete Section 7 of Form.	e e	Comprehensive Deductible □		Collision Deductible		
Limits/Ded. \$		\$		\$		\$		\$		\$		\$		
Premium \$		\$		\$		\$		\$ \$			\$			
4. LOSS PAYEE							Make	Vehic	ion No.	n No.				
Name of Loss Payee			Street City State Zip Code											
5. SEND EVI	DENCE OF	INSL	IRANCE T	O:										
Туре			Name and Address									Forms Required		
Lienholder:														
Certificate of Insurance:														
ICC, Form E, PUC Filing(s)														
6. OPERATOR INFORMATION Attach Copies of current Motor vehicle records dated Within fifteen (15) days of date of this request.		□ Delete Operator: Name												
		P	Add Operato	ors - Name (La	ast, First, N	Middle	nitial) Date of Birth I			Driver L	Driver License No. and State			
☐ Added Operators			1.											
□ Delete Operator			2.											

Date of Conviction   Grant and therefore constitutes a solonival and	Have additional operators been involved, either as owner or operator, in any motor vehicle accident during the past thirty-six months?    Yes   No   If "Yes", complete the following. (If necessary, use a separate sheet.) See Florida Manual for list of nonchargeable accidents and indicate accident exception code, if applicable.															
	Name of Opera	Name of Operator 1		Accident		1			, , ,	Da	amage	At Fault	Exception			
Have additional operators been convicted of forfeited ball at any time during the immediately preceding thirty-six months?   Note: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.					C	ty	State			A	mount		Code			
Table   According   Accordin								☐ Ye	es □ No			☐ Yes ☐ No				
Sb. CONVICTIONS    Convicted   Vest   Data   Foreign   F		_														
Name of Operator   cor forfeiture of bail   arise as a result   value of Conviction   Place of Conviction City/State   Points   suspended or revoked?	6b. CONVICTIONS	Note: A Convict	v paid t ed: □ `	icket or fi Yes □ N	ne is an ad o Forfeite	mission of ed Bail: □ `	guilt and t Yes □ No	therefore	constitutes a	a convic	tion.			ine is an		
	Name of Operator or forfeiture				ure of bail	arise as a result of an accident?		Natur	ture of Conviction		Place of Conviction City/State		, ,	suspended or		
Canal   Cana						□ Yes □	No						ו	□ Yes □ No		
T. UNINSURED MOTORIST COVERAGE  Is the insured electing or changing Uninsured Motorists Coverage?   Yes   No   If "Yes," a completed signed Florida Uninsured Motorists Coverage Selection/Rejection Form (AIP-3510) must accompany this policy change request.  S. PERSONAL INJURY PROTECTION  Is the insured electing or changing Personal Injury Protection Coverage?   Yes   No   If "Yes," a completed signed FAJUA Personal injury Protection Coverage Form for Commercial Auto Policies (AIP-3509) must accompany this policy change request.  S. PERSONAL INJURY PROTECTION  Is the insured electing or changing Personal Injury Protection Coverage Form for Commercial Auto Policies (AIP-3509) must accompany this policy change request.  S. PERSONAL INJURY PROTECTION  If "Yes," a completed signed FAJUA Personal Injury Protection Coverage?   Yes   No   If "Yes," a completed signed FAJUA Personal Injury Protection Coverage?   Yes   No   If "Yes," a completed signed FAJUA Personal Injury Protection Coverage Form for Commercial Auto Policies (AIP-3509) must accompany this policy change Form signed FAJUA Personal Injury Protection Coverage Form for Commercial Auto Policies (AIP-3509) must accompany this Palua Palua Pelalua Palua Pelalua Palua						□ Yes □ No							1	□ Yes □ No		
Is the insured electing or changing Uninsured Motorists Coverage?   Yes   No   If "Yes," a completed signed Florida Uninsured Motorists Coverage Selection/Rejection Form (AIP-3510) must accompany this policy change request.  8. PERSONAL INJURY PROTECTION  Is the insured electing or changing Personal Injury Protection Coverage?   Yes   No   Yes," a completed signed FAJUA Personal Injury Protection Coverage Form for Commercial Auto Policies (AIP-3509) must accompany this policy change request.  9. GARAGE LIABILITY - CHANGES  Add Dealer Flate: # #   Delete #   #   Delete #   #   Delete   #   #   #   Delete   *   *					□ Y€		□ No						[	□ Yes □ No		
If "Yes," a completed signed Fiorida Uninsured Motorists Coverage Selection/Rejection Form (AIP-3510) must accompany this policy change request.  8. PERSONAL INJURY PROTECTION Is the insured electing or changing Personal Injury Protection Coverage?	7. UNINSURED MO	TORIS	r cov	/ERAGE												
is the insured electing or changing Personal Injury Protection Coverage?										Form (	AIP-3510)	must accompan	y this policy	change		
If "Yes," a completed signed FAJUA Personal Injury Protection Coverage Form for Commercial Auto Policies (AIP-3509) must accompany this policy change request.  9. GARAGE LIABILITY - CHANGES  Add Dealer Plate: # # Delete # # Dealer:  Add Location At #CL1 #CL2  Delete Location At #CL1 #CL2  Delete Location At #CL1 #CL2  Delete Employees Payroll \$ Delete Employees \$  Remarks  10. CHANGE    New Address   New Address   New Address   New Legal Status   Individual   Corporation   Partnership   Other	8. PERSONAL INJU	JRY PR	OTEC	TION												
Add Dealer Plate: # # Delete # # Delete # # Add Trip Charges:   51-200 mi.   Dealer:	Is the insured electing or changing Personal Injury Protection Coverage? ☐ Yes ☐ No If "Yes," a completed signed FAJUA Personal Injury Protection Coverage Form for Commercial Auto Policies (AIP-3509) must accompany this policy change request.															
Add Trip Charges:   51-200 mi.   Dealer:   Add Location At	9. GARAGE LIABIL	.ITY – C	HAN	GES												
Add Location At #CL1 #CL2  Delete Location At #CL1 #CL2  Add Employees Payroll \$ Delete Employees \$  Remarks    Delete Employees Payroll \$ Delete Employees \$    Delete Employees Payroll \$ Delete Employees \$    Delete Employees Payroll \$ Delete Employees \$    Delete Employees Payroll Pa	Add Dealer Plate: #			#			•	De	elete#			#				
Delete Location At #CL1 #CL2  Add Employees   Payroll \$   Delete Employees \$  Remarks    Delete Employees   Delete Employees \$   Delete Employees	Add Trip Charges:	5	1-200	mi.			Over	200 mi.				Dealer:				
Add Employees   Payroll \$   Delete Employees \$	Add Location At															
Name/Ownership*   New Name   New Address   New Address   New Legal Status   Individual   Corporation   Partnership   Other   Other   Note: Name and/or Ownership Change Form must accompany this request.    Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this request.   Note: Name and/or Ownership Change Form must accompany this requ	Delete Location At								T ***							
10. CHANGE    Name/Ownership*   New Name   New Address   New Legal Status*   New Legal Status*   New Legal Status   Individual   Corporation   Partnership   Other   Note: Name and/or Ownership Change Form must accompany this request.  11. FINANCIAL RESPONSIBILITY Is applicant or other eligible operator required to file evidence of financial esponsibility? Is applicant or other eligible operator required to file evidence of financial esponsibility? Is applicant or other eligible operator required to file evidence of financial esponsibility? Is applicant or other eligible operator required to file evidence of financial esponsibility? Is applicant or other eligible operator required to file evidence of financial esponsibility? Is applicant or other eligible operator required to file evidence of financial esponsibility? Is applicant or other eligible operator required to file evidence of financial esponsibility? Is applicant or other eligible operator required to file evidence of financial esponsibility filing required to allow for operation of owned vehicles)																
Name/Ownership* New Name    Name/Ownership* New Address   New Address   New Legal Status   Individual   Corporation   Partnership   Other	Remarks															
Name/Ownership* New Name    Name/Ownership* New Address   New Address   New Legal Status   Individual   Corporation   Partnership   Other																
Name/Ownership* New Name    Name/Ownership* New Address   New Address   New Legal Status   Individual   Corporation   Partnership   Other																
New Address    Legal Status*   New Legal Status   Individual   Corporation   Partnership   Other		1														
Legal Status*   New Legal Status   Individual   Corporation   Partnership   Other	☐ Name/Ownership*	New Na	me													
*Note: Name and/or Ownership Change Form must accompany this request.  11. FINANCIAL RESPONSIBILITY  Is applicant or other eligible operator required to file evidence of financial responsibility?  Name Case or File Number State Where Filing Required FILINGS: Is filing required to comply with   I.C.C.   State   Local Ordinance. (Attach Copy) File Docket No.  If block(s) checked list state(s) and cities requiring filings and limits of liability required by law  NOTE: An insured's request for cancellation may be delayed if a financial responsibility filing or certificate of insurance has been filed to enable the Servicing Carrier to	☐ Address	New Ad	dress													
In the state of the regular of the regular of the evidence of financial responsibility?  It is applicant or other eligible operator required to file evidence of financial responsibility?  It is applicant or other eligible operator required to file evidence of financial responsibility?  It is applicant or other eligible operator required to file evidence of financial responsibility?  It is applicant or other eligible operator required to file evidence of financial responsibility filing or certificate of insurance has been filed to enable the Servicing Carrier to responsibility filing or certificate of insurance has been filed to enable the Servicing Carrier to	□ Legal Status*	Status* New Legal Status □ Individual □ Corporation						oration	☐ Part	tnership	) [	Other				
Is applicant or other eligible operator required to file evidence of financial responsibility?  Name	*Note: Name and/or	Owners	ship C	hange F	orm mus	accomp	any this r	request.	-							
responsibility? Name	11. FINANCIAL RESPONSIBILITY															
State Where Filing Required Both  FILINGS: Is filing required to comply withI.C.CStateLocal Ordinance. (Attach Copy) File Docket No  If block(s) checked list state(s) and cities requiring filings and limits of liability required by law  NOTE: An insured's request for cancellation may be delayed if a financial responsibility filing or certificate of insurance has been filed to enable the Servicing Carrier to	responsibility?  ☐ Owner (to allow for operation of owned vehicles)  Name															
If block(s) checked list state(s) and cities requiring filings and limits of liability required by law	State Where Filing Required Li Both															
							ncial respo	onsibility	filing or certif	ficate of	insurance h	as been filed to er	able the Servi	cing Carrier to		
12. EMPLOYERS NON-OWNERSHIP LIABILITY																
More than 50% of employees regularly use owned vehicle in applicant's business? ☐ Yes ☐ No f yes, do more than 50% make regular and frequent deliveries? ☐ Yes ☐ No Coverage may not be charged except by audit.											e charged ex	ccept by audit.				
13. POLICY CANCELLATION	13. POLICY CANC	ELLATI	ON													
□ Cancel policy Reason for cancellation:	☐ Cancel policy	n·														

14. REMARKS	
<ul> <li>15. Any person who knowingly and with intent to injure, defraud, or deceive any misleading information is guilty of a felony of the third degree, 817.234. (1)(</li> <li>16. EFFECTIVE DATE OF CHANGE:</li> </ul>	y insurer files a statement of claim or an application containing any false, incomplete, or (b) FS.
X	Date (Applicant's Signature and Title)
Month Day Year Hour X	(Producer's Signature)
Please Submit The Following With This Request:  □ Current Motor Vehicle Records Dated With fifteen (15) Days of Date of this Request  □ Premium Finance Contract for any additional premium	<ul> <li>☐ FAJUA Personal Injury Protection Coverage for Commercial Policies Form AIP 350</li> <li>☐ Current Vehicle Registrations or Temporary Registrations and Bill of Sale</li> <li>☐ Florida Uninsured Motorists Coverage Selection/Rejection Form for Commercial Auto Policies AIP 3510</li> </ul>
	ndatory types and limits of Insurance from an admitted carrier prior to the cancellation of a insured paid being refunded. Proof of sale, inoperability, relocation out of the state of
Producers shall not issue Certificates of Insurance, Binders (oth forms of insurance evidence on behalf of the FAJUA.	ner than this application), Insurance Identification (ID) cards, or other