

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

Name of Insured, and Address (As shown on Policy Declarations)												
Name of Insurance Company and Policy No.						Policy Effective Date						
Agency Name			Producer's Name			Producer's Code			Producer's DFS License No.			
Mailing Address			City, State, Zip Code			Producer's Tax No.			Telephone No. (incl. area code)			
<b>Does FAJUA insure all owned vehicles?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		Is additional vehicle leased? Yes <input type="checkbox"/> No <input type="checkbox"/>										
<b>1. <input type="checkbox"/> VEHICLE DELETION</b>				Veh. No.		Year		Make		Vehicle Identification No.		
<b>2. VEHICLE ADDITION</b> Copy of registration required with this request.  <input type="checkbox"/> Replacement Vehicle or <input type="checkbox"/> Added Vehicle		Veh. No.	Year	Trade Name/Model No.	Purchased Mo./Yr.	Original Cost New		Gross Vehicle Weight (GVW) Trucks Only		Special Industry Class	Size (L-M-H-EH)	
			Vehicle Identification No. (VIN)		CC/ No. Axels	Body Type (1)	Rating Classification	Gross Comb. Weight (GCW) Truck-Trailers only		Radius Class (L-I-LD)	Purpose of Use (P-B)	
			Garage Location (Complete Address)		Rating Territory		Seating Capacity	Comp. Symbol	Coll. Symbols	Business Use (S-R-C)	Primary	
		Commodities Hauled		Indicate Vehicles that load and/or transport Passengers in wheelchairs				No. wheelchairs and/or stretchers transported		Secondary		
		Veh 1.										
ATTACH SUPPLEMENTAL COMMERCIAL VEHICLE SCHEDULE AIP 3515 FOR ADDITIONAL VEHICLES.												
<b>3. COVERAGES</b> In Accordance with Plan Rules		Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Applicable To Vehicle:	Year	Make	Vehicle Identification No.				
Check Applicable Box →	Bodily Injury Liability Limit <input type="checkbox"/>	Property Damage Liability Limit <input type="checkbox"/>	Personal Injury Protection Deductible <input type="checkbox"/> Complete Section 8 of this Form.	Medical Payments Limits <input type="checkbox"/>	Uninsured Motorists <input type="checkbox"/> Complete Section 7 of this Form.	Comprehensive Deductible <input type="checkbox"/>		Collision Deductible <input type="checkbox"/>				
Limits/Ded.	\$	\$	\$	\$	\$	\$		\$		\$		
Premium	\$	\$	\$	\$	\$	\$		\$		\$		
<b>4. LOSS PAYEE</b>		Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Applicable To Vehicle:	Year	Make	Vehicle Identification No.				
Name of Loss Payee		Street				City		State		Zip Code		
<b>5. SEND EVIDENCE OF INSURANCE TO:</b>												
Type		Name and Address							Forms Required			
Lienholder:												
Certificate of Insurance:												
ICC, Form E, PUC Filing(s)												
<b>6. OPERATOR INFORMATION</b> Attach Copies of current Motor vehicle records dated Within fifteen (15) days of date of this request.  <input type="checkbox"/> Added Operators <input type="checkbox"/> Delete Operator		<input type="checkbox"/> Delete Operator: Name _____										
		Add Operators - Name (Last, First, Middle Initial)					Date of Birth		Driver License No. and State			
		1.										
		2.										



<b>14. REMARKS</b>	
<b>15.</b> Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree, 817.234. (1)(b) FS.	
<b>16. EFFECTIVE DATE OF CHANGE:</b>	
_____ Month / Day / Year / Hour	X _____ Date _____ (Applicant's Signature and Title)
_____ Month / Day / Year / Hour	X _____ Date _____ (Producer's Signature)
<b>Please Submit The Following With This Request:</b>	
<input type="checkbox"/> Current Motor Vehicle Records Dated With fifteen (15) Days of Date of this Request <input type="checkbox"/> Premium Finance Contract for any additional premium	<input type="checkbox"/> FAJUA Personal Injury Protection Coverage for Commercial Policies Form AIP 3509 <input type="checkbox"/> Current Vehicle Registrations or Temporary Registrations and Bill of Sale <input type="checkbox"/> Florida Uninsured Motorists Coverage Selection/Rejection Form for Commercial Auto Policies AIP 3510
Named Insureds must provide proof to the FAJUA that they obtained mandatory types and limits of Insurance from an admitted carrier prior to the cancellation of a policy obtained from the FAJUA and prior to any unearned premium the Insured paid being refunded. Proof of sale, inoperability, relocation out of the state of Florida may also be required for cancellation. ____	
<b>Producers shall not issue Certificates of Insurance, Binders (other than this application), Insurance Identification (ID) cards, or other forms of insurance evidence on behalf of the FAJUA.</b>	