

# ALASKA SERVICE CENTER MISCELLANEOUS POLICY CHANGE REQUEST FORM

**Complete all applicable sections and mail to:**



**Alaska Automobile Insurance Plan  
PO Box 6530  
Providence, RI 02940-6530**

**Insured Name**

**POLICY NUMBER**

Last Name

First Name

MI

**Producer Name**

**Phone Number**

**Producer License**

**Driver Information**

☐ Delete Driver:

Name:

☐ Added Drivers

*List Below:*

Name	Relationship to Insured	% Use of		Birth Date			Sex M-F	Marital Status	Driver's License No.	ST	Licensed 3 Yrs?		
		Veh 1	Veh 2	Mo	Day	Yr					Yes	No	If No, Give License Date

**Added Drivers Occupation:**

Indicate Change in the Space Below

**Change**

- ☐  
☐  
☐  
☐

Name  
Address  
    ☐ Garaging  
    ☐ Mailing  
Phone

**Vehicle Suspension**

Vehicle Being  
Suspended or  
Reinstated →

Year

Make

Model

Vehicle Identification Number

Check coverages to be suspended or reinstated:

☐ Bodily Injury   ☐ Property Damage   ☐ Medical Payments   ☐ UM   ☐ Collision

**Suspension Date:**

**Reinstatement Date:**

(Note: Comprehensive coverage can not be suspended)

☐ **CANCEL POLICY**

**Remarks:**

This request form having been completed and duly executed shall be, from the effective date and time shown below, evidence of changes as specified subject to all the terms and conditions of the policy and the rules of the Alaska Automobile Insurance Plan.

Effective Date and Time

Month

Day

Year

Hour

☐ A.M.   ☐ P.M.

**IN NO EVENT SHALL ADDITIONAL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS REQUEST FORM.**

Producers Signature \_\_\_\_\_ Date: \_\_\_\_\_ Hour: \_\_\_\_\_ ☐ A.M.   ☐ P.M.

I declare and certify that: To the best of my knowledge and belief that all statements contained in this Policy change Request are true.

ALASKA: I (WE) authorize the Department of Public Safety, Division of Motor Vehicles to release the driving record of any operator of these vehicles to the Alaska Automobile Insurance Plan service Center an/or the insurance company to which this application is assigned.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hour: \_\_\_\_\_ ☐ A.M.   ☐ P.M.