MAIL DIRECTLY TO COMPANY

KENTUCKY AUTOMOBILE INSURANCE PLAN

POLICY CHANGE REQUEST
AUTOMOBILE INSURANCE PLAN

Name of Insurance Company	Policy No.
Name of Insured (Last Name, First Name, M.I.)	

Producer	Telephone No. (Incl. area code) ( )	Producer's License No.	Producer's IRS or Social Security No.

Street Address	City	State	Zip Code

1. VEHICLE INFORMATION ☐ DELETE VEHICLE	Year	Make	Vehicle Identification No.	
☐ REPLACEMENT VEHICLE or ☐ ADDED VEHICLE	Year	Make	Model Name & Body Style	Vehicle Identification No. / Cyls.
	H.P./Cub. In./CC	Purchased: Mo. _____ Yr. _____ ☐ New ☐ Used		

Use and Classification	Pleasure ☐	Business ☐	Comm. ☐	Farm ☐	Principal Place of Garaging	Miles to Work or to Transportation	Est Annual Mileage	State Registered in
	Address of Applicant as Appears on Registration					Territory	Rate Class	Penalty Points

2. COVERAGES In Accordance with Plan Rules	Add ☐	Change ☐	No Change ☐	Delete ☐	Applicable To Vehicle: Year Make Vehicle Identification No.

Check Applicable Box ➔	Bodily Injury Liability	Property Damage Liability	☐ Basic Personal Injury Protection Coverage ☐ Added Reparations Benefits ($10,000) ☐ I Reject No-Fault/Tort Limitations ☐ PIP Buyback ☐ Guest Personal Injury Protection ☐ Motorcycle PIP (Optional) ☐ Pedestrian PIP (Optional if Motorcycle PIP is not selected.)	Medical Payments Coverage	Uninsured Motorists Coverage	Underinsured Motorist Coverage
	☐	☐	Deductibles ☐ $250 ☐ $500 ☐ $1,000	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Limits	**$**	$		$	$	$
Premium	$	$	$	$	$	$

Estimated Annual Premium $_____ Deposit (30% of Estimated Annual Premium or Pro Rata Premium for the Remainder of Policy Period, whichever is less.)

$_____Make check Payable to Insurance Company and mail directly to Insurance Company. Does Municipal Tax apply? ☐ Yes ☐ No

3. DRIVER INFORMATION ☐ Delete Driver Name

☐ Added Driver	Name	Relationship To Insured	% Use of Veh. 1	% Use of Veh. 2	Date of Birth Mo. Day Yr.	Sex M-F	Marital Status	Driver's License No. and State

3a. ACCIDENTS Have additional drivers been involved 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.)

Accident Date	Place of Accident: Town	Place of Accident: State	Personal Injury Protection Claim	Bodily Injury or Death	Property Damage Amount	Chargeable
			☐ Yes ☐ No	☐ Yes ☐ No	$	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	$	☐ Yes ☐ No

Give Reason(s) if the Above Accident(s) Not Chargeable Under the Rules of the Plan.

3b. CONVICTIONS Have additional Drivers been convicted or forfeited bail at any time during the immediately preceding thirty-six months? ☐ Yes ☐ No
If "Yes", complete the following. (If necessary, use a separate sheet.) Note: A paid ticket or fine constitutes a conviction.

Date of Conviction	Did conviction arise as a result of an accident?	Nature of Violation	Place of Accident: Town	Place of Accident: State
	☐ Yes ☐ No			
	☐ Yes ☐ No			

4. CHANGE	☐ Name	New Name	Street		Apt.	City	State	Zip Code
	☐ Address							

5. POLICY CANCELLATION

☐ Cancel policy

Reason for cancellation:

EFFECTIVE DATE: 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 Automobile Insurance Plan of this State.

Effective Date and Time _____ _____ _____ _____

☐ A.M. ☐ P.M. Month Day Year Hour

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

Producer's Signature _____ Date _____ Hour _____ ☐ A.M. ☐ P.M.

APPLICANT'S STATEMENT

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

WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicant's Signature _____ Date _____ Hour _____ ☐ A.M. ☐ P.M.