

ALASKA AUTOMOBILE INSURANCE PLAN POLICY CHANGE REQUEST FOR ADDING/REPLACING VEHICLES

Complete all applicable sections and mail to: <div style="text-align: center; font-size: 2em; margin-top: 10px;">➔</div>					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				
Additional Vehicle		<input type="checkbox"/>	Year	Make	Model	Style	Vehicle Identification Number				
Replacement Vehicle		<input type="checkbox"/>	Which Vehicle is being Replaced?			Year	Make	Model			
Purchased Vehicle Information					Damaged?		Damaged Glass?				
Month	Year	New <input type="checkbox"/>	Cost New		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>					
		Used <input type="checkbox"/>	\$		No <input type="checkbox"/>	No <input type="checkbox"/>					
Use and Classification		<input type="checkbox"/> Pleasure <input type="checkbox"/> Comm <input type="checkbox"/> Work/School _____ Miles One Way <input type="checkbox"/> Farm				Principal Address of Garaging					
Annual Mileage		State of Registration		Territory		Rate Class		Penalty Points		Symbols	
										Comp.	Coll.
Loss Payee		<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change			Year		Make		VIN		
Indicate Vehicle ➔											
Name of Loss Payee			Mailing Address			City			ST	Zip Code	
Coverages		<input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/> No Change									
		Bodily Injury Liability	Property Damage Liability	Medical Payments Coverage	UMBI	UMPD	Comp & Collision				
Indicate Limits and/or Deductible							Deductible				
Estimated Annual Premium			Deposit (25% of Estimated Annual Premium or ProRated Premium for the remainder of the policy period, whichever is less)								
\$			\$								
ATTACHMENTS		<input type="checkbox"/> Copy of Vehicle Registration for ALL newly added/replaced vehicles.									
		<input type="checkbox"/> Copy of AIP 1364 (UM Form) IF adding/deleting/changing UM coverages									
		<input type="checkbox"/> Deposit check IF adding vehicle or coverages									
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 _____ _____ _____ _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year Hour </div>											

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

Producer 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.

Applicant Signature _____ Date: _____ Hour: _____ ☐ A.M. ☐ P.M.