

**GEORGIA AUTOMOBILE INSURANCE PLAN POLICY CHANGE REQUEST - PRIVATE PASSENGER/COMMERCIAL  
P.O. Box 6530, PROVIDENCE, RI 02940-6530**

**INSTRUCTION: THIS FORM IS TO BE SENT DIRECTLY TO THE SERVICE CENTER ON BEHALF OF THE ASSIGNED COMPANY NO LATER THAN THE FIRST BUSINESS DAY AFTER COMPLETION. NOTE: SEND COMMERCIAL CHANGE REQUESTS DIRECTLY TO THE ASSIGNED CARRIER. COMPLETE ALL APPLICABLE SECTIONS.**

Name of Insurance Company			Policy No.			
Name of Insured			<input type="checkbox"/> CHECK HERE IF NAME CHANGE OR NEW ADDRESS, AND COMPLETE ITEM 6 ON REVERSE SIDE OF THIS FORM.			
Producer		Telephone No. (Incl. area code)	Fax No. (Incl. area code)	Producer's License No.	Producer's IRS or Social Security No.	
Street		City		State	Zip Code	

**POLICY CANCELLATION - Please cancel policy per insured's request, insured's signature required.**  
\*If deceased, please submit a copy of the death certificate. \*If due to other insurance, please submit proof of coverage.

Signature		Date							
<b>1. <input type="checkbox"/> VEHICLE DELETION</b>	Vehicle No.1	Year	Make	Vehicle Identification No.					
	No.2								
<b>2. VEHICLE ADDITION</b> Submit proof of ownership a. Private Passenger Type <input type="checkbox"/> Replacement Vehicle or <input type="checkbox"/> Added Vehicle	Year	Make	Model Name & Body Style		Vehicle Identification No.				
	H.P./Cub. In./CC	Purchased Mo. Yr.	New <input type="checkbox"/> Used <input type="checkbox"/>	Cost New	Damaged <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass <input type="checkbox"/> Yes <input type="checkbox"/> No	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use and Classification	Pleasure <input type="checkbox"/>	Business <input type="checkbox"/>	Comm. <input type="checkbox"/>	Farm <input type="checkbox"/>	Principal Place of Garaging	Miles To Work or To Transportation	Estimated Annual Mileage	State Registered In	Cust. Equip. ACV above \$1,500
	Name and Address of Applicant as appears on Registration				Territory	Rate Class	Penalty Points	Comp.	Coll.

<b>b. Commercial Type*</b> <input type="checkbox"/> Replacement Vehicle or <input type="checkbox"/> Added Vehicle	a. Year, Trade Name, Body Type - Truck,Truck-Tractor Trailer, Semi-Trailer, Bus Seating Capacity, Model No.				Gross Vehicle Weight (GVW) Trucks Only	Size (L-M-H-EH)	Radius (L-I-LD)	For Size Bus. Rad.	Seating Capacity
	b. Identification No.	Load Capacity	Type of Registration						Tank Capacity
	c. Garaging Location (Town, State)	State of Registration	Rating Classification		Gross Comb. Weight (GCW) Truck-Trailers Only	Purpose of Use (P or B) (S-R-C)	Spec. Ind. (M-T-FD-SD-WD-F-D-C-L-O)	Special Industry	Final Rating
	d. Name of Registered Owner of Vehicle	Rating Territory	Orig. Cost New**	Comp. Symbol	Coll. Symbol				
	a.								
	b.								
c.									
d.									

\*If Public Auto., give: Use of Vehicle (e.g. taxi, limo, van pools) \_\_\_\_\_  
\*\* Chassis and Body including Special Equipment  
Territory(ies) in which or through which vehicle is customarily operated \_\_\_\_\_

<b>3. LOSS PAYEE</b>	Add <input type="checkbox"/>	Change To <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>4. COVERAGES</b> In Accordance with Plan Rules	Add <input type="checkbox"/>	Change To <input type="checkbox"/>	No Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Applicable To Vehicle:	Year	Make	Vehicle Identification No.
Check Applicable Box →	Bodily Injury Liability	Property Damage Liability	Medical Payments Coverage	Uninsured Motorist Coverage	Loss of Use	Comprehensive	Collision	
				<input type="checkbox"/> Added on to At-Fault Liability Limits <input type="checkbox"/> Reduced by At-Fault Liability Limits <input type="checkbox"/> None				
Limits	\$	\$	\$	\$		Ded.\$ _____	Ded.\$ _____	
Premium	\$	\$	\$	\$	\$	<input type="checkbox"/> Full Coverage	<input type="checkbox"/> Full Coverage	\$

Premium for Excess Custom Equipment Coverage: \$ \_\_\_\_\_  
Other coverage requested (in accordance with the Plan): \_\_\_\_\_  
Estimated Annual Premium: \$ \_\_\_\_\_

**SUBMIT EITHER THE MINIMUM DEPOSIT AS PRESCRIBED BY THE PLAN FOR A POLICY CHANGE OR THE PRO-RATA PREMIUM FOR THE REMAINDER OF THE POLICY PERIOD. FOR PRIVATE PASSENGER POLICY CHANGES, MAKE CHECK PAYABLE TO THE GEORGIA AUTOMOBILE INSURANCE PLAN AND MAIL TO THE SERVICE CENTER. FOR COMMERCIAL POLICY CHANGES, MAKE CHECK PAYABLE TO AND MAIL DIRECTLY TO THE ASSIGNED SERVICING CARRIER.**

Pro Rata Premium \$ \_\_\_\_\_  
 As evidenced by my signature, Uninsured Motorists coverage has been explained to me and I reject it. All named insureds must sign to reject this coverage.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**5. DRIVER INFORMATION**  Delete Driver Name \_\_\_\_\_

	Name	Relationship to insured	% Use of		Birth Date Mo. Day Yr.	Sex M-F	Marital Status	Driver's License No. and State	Licensed 3 Yrs.	
			Veh. 1	Veh. 2					Yes	No, Give Date issued
<input type="checkbox"/> Added Driver(s)*									<input type="checkbox"/>	<input type="checkbox"/> _____
									<input type="checkbox"/>	<input type="checkbox"/> _____

\* To supplement the authorization which I have previously given, I hereby certify that the added driver(s) in my household named in Item 5 of this Policy Change Request have authorized me to consent on their/his/her behalf for the insurer to obtain Motor Vehicle Report(s) for rating and/or underwriting.

**Insured's Signature:** \_\_\_\_\_

**5a. ACCIDENTS** Have additional drivers been involved, as owner or operator, in any motor vehicle accident within the past thirty-six months?  
 Yes  No If "Yes", complete the following. (If necessary, use a separate sheet.)

Accident Date	Town	Place of Accident	State	Bodily Injury or Death	Property Damage Amount	Chargeable
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Give Reason(s) in Remarks Section, if the above accident(s) are not chargeable under the rules of the Plan.

**5b. CONVICTIONS** Have additional drivers been convicted or forfeited bail 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.  
 Yes  No If "Yes", complete the following. (If necessary, use a separate sheet.)

Date of Conviction	Did Conviction arise as a result of an accident	Nature of Violation	Town	Place of Conviction	State
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**5c. FINANCIAL RESPONSIBILITY** Is additional driver(s) required to file evidence of Financial Responsibility?  Yes  No If "Yes," explain in detail in Remarks Section. (i.e.: name, state, where required, reason and type of filing.)  
 If filings are required, must be accompanied by a cashier's check, money order, or premium finance company check.

**5d. ARE OTHER FILINGS REQUIRED?**  ICC  PUC  OTHER \_\_\_\_\_ (Explain in Remarks Section.)

6. CHANGE	Name	New Name	Street	Apt.	City	State	Zip Code
	<input type="checkbox"/> Address						

**7. PAY PLANS** (As applicable)  Option 1 - Full Annual Premium

**8. REMARKS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FRAUD WARNING** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

9. DATE \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Producer's signature \_\_\_\_\_  
**FOR NEWLY ACQUIRED VEHICLE ONLY (In accordance with the Plan Rules)**  
 Hour \_\_\_\_\_  A.M.  P.M.

**SIGNATURE OF POLICYHOLDER NOT NEEDED UNLESS REQUEST FOR CHANGE OF COVERAGE IS FOR A REDUCTION OF LIMITS OF LIABILITY OR UNINSURED MOTORISTS LIMITS.**

\_\_\_\_\_  
 Policyholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM IS NOT, IN AND OF ITSELF, A BINDING COMMITMENT TO PROVIDE THE COVERAGES REQUESTED HEREIN. SUCH COVERAGES ARE TO BE PROVIDED ONLY AS REQUIRED BY THE RULES OF THE GEORGIA AUTOMOBILE INSURANCE PLAN AND SHALL BECOME EFFECTIVE IN ACCORDANCE WITH THE RULES OF THE PLAN.**