

**PRIVATE PASSENGER
POLICY CHANGE REQUEST
FLORIDA AUTOMOBILE JOINT
UNDERWRITING ASSOCIATION**

Name of Insurance Company

Policy No.

**Complete all applicable sections and
Mail to Insurance Company.**

Name of Insured (Last Name, First Name, M.I.)

Agency Name

Producer Last Name

Producer First Name

Producer Code

Producer's DFS License No.

Producer Tel No. (incl area code)

Mailing Address

Ste/Apt No.

City

State

Zip Code

1. VEHICLE DELETION

☐

Vehicle

Year

Make

Vehicle Identification No.

2. VEHICLE ADDITION

**Copy of registration required
with this request.**

☐ Private Passenger
Replacement Vehicle
or
☐ Added Vehicle

Year

Make

Model Name & Body Style

Vehicle Identification No.

Cyls.

H.P./Cu.In./CC

Purchased
Mo. Yr.

New Used
☐ ☐

Original Cost New

Damaged
Yes No
☐ ☐

If yes, explain in
Remarks

Altered
Yes No
☐ ☐

If yes, explain in
Remarks

Damaged Glass
Yes No
☐ ☐

If yes, explain in
Remarks

Use and
Classification

Pleasure
☐

Business
☐

To work/school/transportation
☐

Farm
☐

Principal Street Address of Garaging

Estimated
Annual Mileage

Miles one way to work,
school or to transportation

Registered Owner's Last Name

Registered Owner's First Name

State Registered in

Customized Value

Attach proof of customization

Address of Applicant as Appears on Registration

Territory

Rate Class

Penalty
Points

Symbols

Comp. Coll.

Age Group

**3. LOSS PAYEE
(If physical
damage is
requested)**

Add
☐

Change
☐

Delete
☐

Applicable
To Vehicle:

Year

Make

Vehicle Identification No.

Name of Loss Payee

Street

City

State

Zip Code

4. 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
☐

See Sections 7
and 13 of this
Form.

Property
Damage
Liability
☐

Personal Injury
Protection
Deductible
☐

See Section 9 of
this Form.

Medical
Payments
Coverage
☐

Uninsured
Motorist
Coverage
☐

See Section 8 of this Form.

Comprehensive
Deductible*
☐

Collision
Deductible*
☐

Limits/Ded.

\$

\$

\$

\$

\$

\$

Premium

\$

\$

\$

\$

\$

\$

*Vehicles with a Manufacturers Suggested Retail Price (MSRP) in excess of \$45,000 or \$45,000 including customization and motorcycles with an MSRP in excess of \$20,000 or \$20,000 including customization are not eligible for physical damage coverage (comprehensive and collision coverages).

5. DISCOUNTS AND CREDITS

Good Driver Discount: Applicable to Driver: Name _____ Name _____ Name: _____

Mature Operator Accident Prevention Course Discount: Applicable to Driver: Name _____ Name _____ Name _____

Air Bag Discount: Applicable to Vehicle: Year _____ Make _____ Model _____ VIN# _____

Anti-Lock Braking System: Applicable to Vehicle: Year _____ Make _____ Model _____ VIN# _____

Antitheft Device Discount: Applicable to Vehicle: Year _____ Make _____ Model _____ VIN# _____
☐ Alarm Only Device ☐ Active Disabling Device ☐ Passive Disabling Device

6. OPERATOR INFORMATION☐ Delete Driver: Name: _____ Reason for Deletion: _____

	#	Name	Relationship to Insured	Vehicle Primarily Driven	Birth Date			Sex M-F	Marital Status**	Driver's License No. and State	Month/Year Licensed
					Mo.	Day	Yr.				
<input type="checkbox"/> Added Drivers*	1										
	2										
	3										

* Attach copies of current motor vehicle records for added drivers within (15) days of the date of this request.

**Marital Status: S-Single, M-Married, W-Widowed, D-Divorced, P-Separated

6a. ACCIDENTS

Has the applicant, named insured, or anyone who usually drives the applicant's motor vehicle(s), been involved, either as owner or operator, in **ANY** motor vehicle accident during the past **THIRTY-SIX** months immediately preceding the effective date of this application? ☐ Yes ☐ No If "Yes", complete the following. (If necessary, use Remarks Section.) See Florida Manual for list of nonchargeable accidents and indicate accident exception code, if applicable.

Name of Operator	Accident Date	Place of Accident		Bodily Injury or Death	Property Damage Amount	At Fault	Accident Exception Code	Penalty Points
		City	State					
				<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		
				<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		

6b. CONVICTIONS (MOTOR VEHICLE)

Has the applicant/operator or anyone who usually drives the applicant's motor vehicle(s) 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 Remarks Section.)

NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Name of Operator	Date of Conviction	Did Conviction Arise as a Result of a Crash?	Type of Violation	Place of Conviction		Penalty Points	Was License Suspended or Revoked?
				City	State		
		<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
		<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

7. BODILY INJURY LIABILITY COVERAGE REJECTION

The state of Florida requires that you carry both Personal Injury Protection and Property Damage Liability. Bodily Injury Liability coverage will pay for damages for which you become legally responsible because of an auto accident.

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY AND OTHERS USING YOUR VEHICLE SHOULD YOU OR OTHERS USING YOUR VEHICLE CAUSE BODILY INJURY TO ANOTHER PARTY IN AN AUTOMOBILE ACCIDENT WHEN YOU SIGN THIS SECTION. PLEASE READ CAREFULLY.

I hereby acknowledge that my right to purchase all auto coverage in Florida has been explained to me. I acknowledge for myself and for any person who may be operating or responsible for the operation of any vehicle insured herein, the liability coverage for Bodily Injury has been rejected and that this policy does not provide any coverage for the Florida Bodily Injury Financial Responsibility requirements or for the bodily injury law requirements of any other state. If I decide to purchase this coverage at some future time, I must let the insurer know in writing.

Bodily Injury Liability Rejection may not be used if the policy is used for Certification of Financial Responsibility.

Applicant's Signature _____

Date _____

Co-Applicant's Signature (if applicable) _____

Date _____

8. UNINSURED MOTORISTS COVERAGE

Is the insured electing or changing Uninsured Motorists Coverage? ☐ Yes ☐ No

If "Yes," a completed signed Florida Uninsured Motorists Coverage Selection/Rejection Form (AIP-3506) must accompany this policy change request.

9. PERSONAL INJURY PROTECTION

Is the insured electing or changing Personal Injury Protection Coverage? ☐ Yes ☐ No

If "Yes," a completed signed FAJUA Personal Injury Protection Coverage Form for Personal Auto Policies (AIP-3505) must accompany this policy change request.

10. CHANGE

Name ☐ **New Name:** _____
Reason for Name Change: ☐ Marriage ☐ Divorce ☐ Legal Name Change
Address ☐ **New Address:** _____

11. FINANCIAL RESPONSIBILITY

Is applicant or other eligible operator required to file evidence of financial responsibility? Yes ☐ No ☐ Type of Filing _____
Name _____ ☐ Owner's (to allow for operation of owned vehicles)
Case or File Number _____ ☐ Operator's (to allow for operation of non-owned vehicles)
State Where Filing Requested _____ ☐ Both

12. POLICY CANCELLATION

☐ Cancel policy

Reason for cancellation: _____

13. ELECTION OF PERSONAL INJURY PROTECTION AND PROPERTY DAMAGE LIABILITY COVERAGES ONLY:

I elect to purchase Personal Injury Protection Coverage and Property Damage Liability Coverage only and reject Automobile Bodily Injury Coverage and Uninsured Motorist Coverage available to me through the Florida Automobile Joint Underwriting Association.

X _____ Date _____
Applicant's Signature

X _____ Date _____
Co-Applciant's Signature (if applicable)

14. REMARKS

Pursuant to Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of a claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICANT'S STATEMENT

I declare to the best of my knowledge and belief that all statements contained in this application are true and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I understand that my producer is not authorized to file proof of Financial Responsibility or Certificates of Insurance on my behalf to any third party.

X _____	_____	Date _____
Applicant's Signature	Print Applicant's Name	
X _____	_____	Date _____
Co-Applciant's Signature (if applicable)	Print Co-Applciant's Name	
X _____	_____	Date _____
Producer's Signature	Print Producer's Name	

EFFECTIVE DATE OF CHANGE

_____/_____/_____/_____ Month Day Year Hour	X _____	Date _____
	Applicant's Signature and Title	
	X _____	Date _____
	Co-Applciant's Signature (if applicable)	
	X _____	Date _____
	Producer's Signature	Producer DFS License No. _____

PLEASE SUBMIT THE FOLLOWING WHEN APPLICABLE:

- | | |
|--|--|
| <input type="checkbox"/> Current Vehicle Registrations or Temporary Registrations and Bill of Sale of Date of this Request | <input type="checkbox"/> Current Vehicle Registrations or Temporary Registrations and Bill of Sale |
| <input type="checkbox"/> Applicable Premium Finance Contract for any Additional Premium | <input type="checkbox"/> Florida Uninsured Motorist Coverage Selection/Rejection Form for Personal Auto Policies – AIP3506 |
| <input type="checkbox"/> Mature Operators Accident Prevention Course Certificate | <input type="checkbox"/> Proof of Customization |
| | <input type="checkbox"/> FAJUA Personal Injury Protection Coverage Form for Personal Auto Policies – AIP 3505 |
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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.
