

Policy Producer	Agent Number 011-_____ Agency Name _____	Company Use	Policy # 11-03-_____
	Address _____		C A I F B C M CC # _____
	City _____ State _____ ZIP _____ Phone (____) _____		Amt. _____ PM _____
	Policy # 11-03-_____ Endorsement Effective Date _____		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Named Insured	Name (First, MI, Last) _____ Home (____) _____		
	Mailing Address _____ Work (____) _____		
	City _____ State _____ ZIP _____		
	<input type="checkbox"/> Check here if this is a new address Garaging Address (if different) _____		
	City _____ County _____ State _____ ZIP _____		

1. ADDITIONS

Veh.	Year	Make	Model	VIN	Terr.	ISO Sym.	Liab. Sym.	Business Use			
							<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> None <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> Y <input type="checkbox"/> Z <input type="checkbox"/> Yes (Explain)				
LP/Al	Type	Loss Payee/Additional Interest		Mailing Address	City	State	ZIP				
	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Add'l Int.										
Cov.	Liab. BI/PD Premium	UM BI Premium	UIM BI Premium	UM PD Premium	PIP Premium	Comprehensive Premium Ded.	Collision Premium Ded.	Rental Reim. Premium	Towing Premium	Accidental Death	Add'l Equip. Premium
					<input type="checkbox"/> Medical <input type="checkbox"/> Income <input type="checkbox"/> Death			<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<input type="checkbox"/> Accept <input type="checkbox"/> Reject
Driv.	IMPORTANT: If spouse is unlisted or unlicensed, please explain in "Additional Information" section.										
	Name (First, MI, Last)	SS#	Birthdate	DL # (incl. State)	M/S	Gender	Discount	SR-22	Occupation (Mil. Rank)		
					<input type="checkbox"/> Married <input type="checkbox"/> Male <input type="checkbox"/> Sr. Oper. <input type="checkbox"/> Driv. Ed. <input type="checkbox"/> No <input type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Gd. Stud. <input type="checkbox"/> Coll. Grad. <input type="checkbox"/> Yes						
Viol.	Description	Points	Date	Viol.	Description	Points	Date				

2. DELETIONS

Veh.	Year	Make	Model	VIN	Driv.	Name	Birthdate

IMPORTANT: After this change, _____ vehicles will be insured under this policy.

After this change, _____ drivers will be insured under this policy.

3. OTHER CHANGES

NAMED DRIVER EXCLUSION—00 PA US EX (1/05)

Limits	The following limit selections apply to ALL veh. on the policy:		Exclusion/Other	We agree with you to provide an endorsement as follows: The insurance provided by this policy shall not apply to any loss, accident, or occurrence that arises out of the operation or other use of any vehicle by the named excluded driver.			
	Liab. BI/PD:	<input type="checkbox"/> 25/50/25 <input type="checkbox"/> 50/100/25 <input type="checkbox"/> 50/100/50 <input type="checkbox"/> 100/300/50			Excluded Driver _____	Birthdate _____	Relationship _____
	UM BI:	<input type="checkbox"/> NONE <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300			List any physical or medical impairments of any driver(s), any business use for any vehicle(s), or any other policy information not listed on this form.		
	UIM BI:	<input type="checkbox"/> NONE <input type="checkbox"/> Same as UM BI					
	UM PD:	<input type="checkbox"/> NONE <input type="checkbox"/> 25 <input type="checkbox"/> 50					

4. SIGNATURES AND PAYMENT

Signature	IMPORTANT: Endorsements that reduce coverage or delete a vehicle MUST be signed by the named insured or the named insured's spouse.			Amount	If this change results in a large additional premium, a cancellation notice is likely to generate unless a portion of the increase is submitted with the change.
	Named Insured's Signature _____	Date _____	Time _____		
	Agent's Signature _____	Date _____	Time _____		