

ACORD™ SOUTH CAROLINA ASSOCIATED AUTO INSURERS PLAN PRIVATE PASSENGER POLICY CHANGE REQUEST				DATE	
PRODUCER AGENCY CODE: PRODUCER ID#:			SERVICING CARRIER: POLICY NUMBER: EFFECTIVE DATE OF CHANGE INCEPTION DATE OF POLICY EXPIRATION DATE		
AGENCY CUSTOMER ID: NAMED INSURED INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED			GARAGE LOCATION (IF DIFFERENT THAN MAILING ADDRESS) <div style="text-align: center; border: 1px solid black; padding: 5px;"> PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE </div>		

VEHICLE DESCRIPTION/USE																	
TYPE OF CHANGE	VEH #	YEAR	MAKE, MODEL AND BODY TYPE										HP/CC	DATE LEASED	DATE PURCH	NEW/ USED	
COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER- FORM	MULTI- CAR		ANNUAL MILEAGE		DRIVER USE % (Each veh must equal 100%)				CLASS	

VEHICLE COVERAGES/PREMIUMS																	
COVERAGES	TYPE OF CHANGE	VEH #:		TYPE OF CHANGE	VEH #:												
SINGLE LIMIT LIAB (CSL)		\$	EA ACCIDENT		\$	EA ACCIDENT											
BODILY INJURY LIAB		\$	EA PERSON	\$	EA ACCIDENT	\$	EA PERSON	\$	EA ACCIDENT								
PROPERTY DAMAGE LIAB		\$	EA ACCIDENT	\$	DEDUCTIBLE	\$	EA ACCIDENT	\$	DEDUCTIBLE								
UNINSURED MOTORIST	CSL/BI	\$	EA PERSON	\$	EA ACCIDENT	\$	EA PERSON	\$	EA ACCIDENT								
	PD	\$	EA ACCIDENT		\$	EA ACCIDENT											
UNDERINSURED MOTORIST	CSL/BI	\$	EA PERSON	\$	EA ACCIDENT	\$	EA PERSON	\$	EA ACCIDENT								
	PD	\$	EA ACCIDENT		\$	EA ACCIDENT											
COMPREHENSIVE	DED	\$			\$				\$								
COLLISION	DED	\$			\$				\$								
TOTAL PREMIUM CHARGE		\$			\$				\$								
		\$			\$				\$								
		\$			\$				\$								
		\$			\$				\$								
		\$			\$				\$								

DRIVER INFORMATION										ADD	CHANGE	DELETE
DRIVER #: NAME MAR STAT SEX M/F REL TO APPLIC DATE OF BIRTH OCC ACC PREV CSE DATE										DRIVERS LICENSE #/LIC STATE		SOCIAL SECURITY #

ACCIDENTS/CONVICTIONS - IF DRIVER ADDED (Note: Your driving record is verified with the state motor vehicle department)									
HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST YEARS? YES NO IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.									
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	TOWN OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE				

ADDITIONAL INTEREST										ADD	CHANGE	DELETE
VEH #	ADDL INT	NAME AND ADDRESS								LOAN NUMBER		
	LOSS PAY											

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GENERAL INFORMATION				ATTACHMENTS			
EXPLAIN ALL "YES" RESPONSES	YES	NO		STATE SUPPLEMENT (UM/UIM)			
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				COPY OF REGISTRATION/BILL OF SALE			
2. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)				COPY OF MOTOR VEHICLE REPORT			
3. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)				DRIVER TRAINING CERTIFICATE			
4. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?				ACCIDENT PREVENTION CERTIFICATE			
5. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)				TWO PHOTOGRAPHS (IF PHYSICAL DAMAGE REQUESTED)			
6. ANY PAST DUE PREMIUM OWED FOR ANY NEW DRIVER?							

TYPE OF CHANGE	VEH #	YEAR	MAKE, MODEL AND BODY TYPE								VIN/REGISTERED STATE				HP/CC	DATE LEASED	DATE PURCH	NEW/USED
COST NEW	SYMBOL AGE GRP		TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	ANNUAL MILEAGE		DRIVER USE % (Each veh must equal 100%)						CLASS

[illegible][illegible][illegible]

VEH #	ADDL INT LOSS PAY	NAME AND ADDRESS	VEH	OWNER	FINANCE

TYPE OF CHANGE	VEH #	COVERAGE CODE	LIMIT 1	LIMIT 2	DEDUCTIBLE	OPTION CODES

[illegible]

I DECLARE AND CERTIFY THAT: (1) TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL STATEMENTS CONTAINED IN THIS POLICY CHANGE REQUEST ARE TRUE AND CORRECT. (2) I REALIZE THAT ANY FALSE OR MISLEADING INFORMATION OR FAILURE TO DISCLOSE REQUIRED INFORMATION WILL NOT BE CONSIDERED IN GOOD FAITH ON MY PART AND WILL PREJUDICE THIS POLICY CHANGE REQUEST. (3) I UNDERSTAND THAT THE PREMIUM INDICATED PREMIUMS WHEN DUE. (5) ANY ADDITIONAL DRIVER FOR WHICH THIS POLICY CHANGE REQUEST APPLIES DOES NOT OWE ANY INSURANCE COMPANY FOR AUTOMOBILE PREMIUMS PAST DUE OR CONTRACTED AND I UNDERSTAND THAT THIS POLICY CHANGE REQUEST CAN BE REJECTED IF SUCH PAST DUE PREMIUM HAS NOT BEEN PAID. (6) I UNDERSTAND THAT IF PHYSICAL DAMAGE COVERAGE HAS BEEN REQUESTED, COVERAGE WILL NOT BE IN EFFECT IF (a) A NEWLY ACQUIRED VEHICLE IS ADDED MIDTERM TO AN EXISTING POLICY WITH PHYSICAL DAMAGE AND I FAIL TO MAKE THE VEHICLE AVAILABLE FOR PHOTOGRAPHS WITHIN 30 DAYS OF THE DATE OF PURCHASE, OR (b) WHEN A NEWLY ACQUIRED VEHICLE IS ADDED MIDTERM TO AN EXISTING POLICY ISSUED WITHOUT PHYSICAL DAMAGE AND I FAIL TO MAKE THE VEHICLE(S) AVAILABLE FOR PHOTOGRAPHS WITHIN 10 DAYS OF THE DATE OF PURCHASE IN ACCORDANCE WITH PLAN RULES.

INSURED'S SIGNATURE: _____ DATE: _____ HOUR: _____ ☐ AM ☐ PM

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 TERMS AND CONDITIONS OF THE POLICY AND THE RULES OF THE ASSOCIATION.

EFFECTIVE DATE AND TIME: _____ ☐ AM ☐ PM 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: _____ ☐ AM ☐ PM