

AUTOMOBILE CHANGE REQUEST FORM/NEW DRIVER NOTIFICATION

Please report to M3 at (608) 288-0655 or 1-800-272-2443

Fax: (608) 273-1725 E-mail: info@m3ins.com

Company Name: _____

Employee requesting change: _____ Date: ____ / ____ / ____

VEHICLE DESCRIPTION

Adding vehicle Deleting vehicle

Effective date of change: ____ / ____ / ____

Year: ____ Make: _____ Model: _____ Body Type: _____

Vehicle Identification Number (VIN): _____ Fleet#: _____

Cost New: \$ _____ Radius: _____ Gross Vehicle Weight: _____
(for trucks only)

Seating capacity: _____ Where garaged: _____
(City) (State) (Zip)

Vehicle used to transport clients? _____

ADDITIONAL INSURED / LOSS PAYEE

Name and Address: _____

Certificate of Insurance required? Yes No

MISCELLANEOUS INFORMATION

Will you be replacing any vehicles? Yes No

If so, which one? Year: ____ Make: _____ Model: _____ VIN: _____
(Include the last four digits of VIN)

Has vehicle been sold, traded, or lease terminated? _____

NEW DRIVER INFORMATION

(Name) (Date of Birth) (Drivers License #) (State)

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