

**LASHUA-LACHANCE & POLIKS INSURANCE
AGENCY, INC**

COVERAGE CHANGE REQUEST

Policyholder: _____

Insurance Carrier _____

Policy Number _____

Change Effective _____

Transfer _____ **Additional Vehicle** _____ **Change Coverage** _____

I hereby request the following coverages and limits of insurance on the vehicle described

Year _____ **Make** _____ **Model** _____ and its subsequent replacements unless my desires for changes are made in writing upon substitution or transfer. In instances where this is an additional vehicle on a currently active policy these coverages are to apply to the described vehicle.

COVERAGES:

Part #1 **Bodily Injury to Others** - \$20,000 per person/\$40,000 per accident.

Part #2 **Personal Injury Protection** - \$8,000 per person

Optional deductibles: \$ _____ Named Insured Insured & Family

Part #3 **Uninsured Motorist Coverage** - \$ _____ per person/\$ _____ per accident

Part #4 **Property Damage to Others** - \$ _____ per accident

Part #5 **Bodily Injury to Others** - \$ _____ per person/\$ _____ per accident

Part #6 **Medical Payments** - Yes No Limit \$ _____

Part #7 **Collision Including Waiver of Deductible** - Yes No Deductible \$ _____

Part #8 **Limited Collision Including Waiver of Deductible** Yes No Deductible \$ _____

Part #9 **Comprehensive** - Yes No Deductible \$ _____

Optional Glass Deductible Yes No

Part# 10 **Substitute Transportation** - Yes No \$ _____ per Day

Part# 11 **Towing & Labor** - Yes No \$ _____ per Tow

Part# 12 **Underinsured Motorist Coverage** - \$ _____ per person/\$ _____ per accident

DISCOUNTS:

Passive Restraint Yes No

Anti Theft Device Yes No Type _____

Annual Mileage _____

ADD/DELETE/CHANGE OPERATOR:

Operator _____ DL# _____ DOB _____

Date First Licensed _____

OTHER CHANGES: _____

If you or someone else on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, they may refuse to pay claims under any or all of the Optional Insurance Parts and they may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4.

They will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the Safe Driver Insurance Plan.

INSURED: _____ **DATE:** _____