

# AUTOMOBILE CHANGE REQUEST

<b>DATE</b>		<b>FAX TO</b>	GRAHAM-NAYLOR AGENCY, INC.	<b>ATTENTION</b>		<b>FAX #</b>	770-988-8347
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<b>FROM</b>		<b>NAMED INSURED</b>		<b>E-MAIL ADDRESS</b>	
<b>FAX #</b>					

## ADD THE FOLLOWING AUTO TO POLICY

EFF DATE	YEAR	INSURED VEH #	DESCRIPTION	SERIAL NUMBER (VIN)	VALUE (Cost New)	LOSS PAYEE (Name & Address)
				<b>TAG #</b>		<b>ACCT #</b> LEASED VEHICLE

VEHICLE TITLED TO:  NAMED INSURED  OTHER:

**COVERAGES:**

<b>LIABILITY ONLY</b>	<b>FULL COVERAGE SAME AS EXISTING VEHICLES</b>
COMP DEDUCTIBLE \$	COLLISION DEDUCTIBLE \$

## DELETE THE FOLLOWING AUTO FROM POLICY

EFF DATE	INSURED VEHICLE #	YEAR	DESCRIPTION	SERIAL NUMBER