



**NOTE:** Download and Save This Form to Your Computer Prior to Completion and Submission

## Vehicle Change Request Form

Adding Vehicle: <input type="checkbox"/>		Deleting Vehicle: <input type="checkbox"/>	
Is this vehicle replacing another vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Effective Date of Change:			
Year:	Make:	Model:	Body Type:
Vehicle Identification Number (VIN):		Insured's Vehicle Number (if applicable):	
State of Vehicle's Registration:		Garaging Location:	
Vehicle Use:		New Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Gross Weight:		Average Radius Vehicle Will be Driven:	
Liability Only: <input type="checkbox"/>	Compensation & Collision: <input type="checkbox"/> Yes <input type="checkbox"/> No		Deductible Amount:
Do you need an ID card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If purchasing Comp/Coll:		Vehicle's Cost New:	
<b>Loss Payee Information: Send proof of insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:		Fax or Email Address:	
Address:			
<b>Primary Driver Information</b>		Name:	
Date of Birth:	Driver's License #:	Driver's License State:	

**Prefer Pen and Paper?** You may also print this form, fill it out in its entirety, scan and email it to [eend@bch-insurance.com](mailto:eend@bch-insurance.com). Or, fax to 713.688.7967.

**SUBMIT**

**PLEASE NOTE: IF ADDING A VEHICLE OR INCREASING COVERAGE ON AN EXISTING VEHICLE, COVERAGE WILL NOT BE CONSIDERED BOUND UNTIL CONFIRMATION IS RECEIVED FROM OUR OFFICE.**