



10055 West Gulf Bank
Houston, TX 77040

Vehicle Change Request Form

Please complete the form in its entirety and email to eEnd@bch-insurance.com Or fax to 713-688-7967

Adding Vehicle:		Deleting Vehicle:	
Is this vehicle replacing another vehicle? Yes 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: Yes No	
Vehicle Gross Weight:		Average radius vehicle will be driven:	
Liability only:	Compensation & Collision: Yes No		Deductible amount:
Do you need an ID card? Yes No			
If purchasing comp/coll:		Vehicle's cost new:	
Loss Payee information: Send proof of insurance? Yes No			
Name:		Fax or email address:	
Address:			
Primary driver information:		Name:	
Date of Birth:	Drivers License #:		Drivers License state:

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.