BEN BROWN
INSURANCE

Automobile Addition/Deletion Form

Client:

Client Fax Number:

Please add the following vehicle to our policy effective _____

VIN: _____

Year: _____

Make: _____

Model: _____

Comprehensive Coverage: __No __Yes   Amt of Deductible:_____

Use (personal, business, both): __No __Yes   Amt of Deductible:_____

Driver:_____

Use: (personal, business or both?): _____

If personal, does the driver have his/her own personal auto policy? _____

Cost New: $_____

Gross Vehicle Weight: _____

Name Vehicle is Titled In? (corporation/individual): _____

Purchase or Lease?: _____

Leinholder:_____

Please delete the following vehicle from our policy effective _____

VIN: _____

Year: _____

Make: _____

Model: _____

I understand that I must notify my agent to restore coverage prior to returning the vehicle to use on the roadway.

Authorized by (print & sign): _____