



30545 Union City Blvd.
 Union City, CA 94587
 Lic# 0H07390

Phone: 510-400-9666
 Fax: 510-400-9667
 email: Sat@Kingpinins.com

Insured: _____

Address: _____

Phone: _____ Submitted by: _____

Date Submitted: _____

INSURED REQUEST VEHICLE ADD/DELETE FORM

Please fill out the table below and fax to **510-400-9667** to request to add and/or delete a vehicle from your policy. This is only a request; your Insurance Company may exclude the requested change if proper documentation is not provided with request.

#	Year	Make	Full VIN	Value	Add/Delete
1.					
2.					
3.					

#	Loss Payee	Street Address	City	State	Zip

#	Additional Insured	Street Address	City	State	Zip

-In order to add a power unit we will need Purchase Order, Registration, or Lease Agreement showing Named Insured as Lessee.

-In order to delete a power unit we will need proof of liability transfer from the DMV.

I _____ (Named Insured) request the above changes to my Insurance Policy # _____ effective today, _____.

Full Name: _____

Signature: _____

Date: _____