



# Adventist Risk Management, Inc.

## Automobile Policy Change Request

Type of Request:  Add  Delete

Change  Quote

Effective Date of Change: \_\_\_\_\_

### 1 Client Information (Note: local organizations include churches, schools, community service centers and similar locations)

Insured Name: \_\_\_\_\_

Local Organization Name: \_\_\_\_\_

Local Organization Address: \_\_\_\_\_

### 2 Automobile Information

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ V.I.N.: \_\_\_\_\_

Garage Location (city/town, state and Z.I.P. Code): \_\_\_\_\_

### 3 Type of Automobile (Select only one)

**Truck or Trailer**  
**How is truck or trailer primarily used? (select only one)**  
 **Service:** driven to job site for majority of the day  
 **Commercial:** transports property to a business  
 **Retail:** delivers property to individual households.  
 Radius of operation:  0-50 miles  51-200 miles  200+ miles  
 Gross Vehicle Weight: \_\_\_\_\_

**Bus or Van**  
**How is bus or van primarily used? (select only one)**  
 **School:** transports passengers for school activities  
 **Church:** Transports passengers for church activities  
 **Social Service:** transports passenger for comm. Serv.  
 Radius of operation:  0-50 miles  51-200 miles  200+ miles  
 Seating Capacity: \_\_\_\_\_

**Motorhome**  
 Length of motorhome: \_\_\_\_\_

**Other Automobile** (such as cars, snowmobiles, golf carts)  
 Describe how the automobile is primarily used:  
 \_\_\_\_\_  
 \_\_\_\_\_

### 4 Coverage

Select coverage by entering a limit or deductible

Liability: \$1,000,000

Personal Injury Protection: \_\_\_\_\_

Property Protection (MI Only): \_\_\_\_\_

Auto Medical Payment: \_\_\_\_\_

Uninsured Motorist: \_\_\_\_\_

Underinsured Motorist: \_\_\_\_\_

Comprehensive (\$250 minimum): \_\_\_\_\_

Collision (\$500 minimum): \_\_\_\_\_

Original Cost New: \_\_\_\_\_

**Instructions**  
 Some coverages not available in every state, contact ARM if you have any questions.

### 5 Loss Payee

Lending institution if automobile is financed

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Z.I.P. Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Loan #: \_\_\_\_\_

### 6 General Information (If any questions are "Yes", please provide explanation)

- Is this automobile primarily operated by non-employees (such as students or volunteers)? Yes  No   
 Explanation: \_\_\_\_\_
- Is the primary operator of the automobile not covered by a Worker's Compensation policy? Yes  No   
 Explanation: \_\_\_\_\_
- Any existing damage to the automobile? Yes  No   
 Explanation: \_\_\_\_\_

### 7 Other Information

### 8 Signature

Authorized Representative of the Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative of ARM: \_\_\_\_\_ Date: \_\_\_\_\_