

ATTENTION: _____ DATE: _____

DEALERSHIP: _____

Please complete the following and fax/mail back to:

BLATCHLEY INSURANCE 4185 SENECA ST. WEST SENECA, NY 14224

Attention: _____ Fax # 716-677-4424

DEALER CHANGE REQUEST Effective date of change _____

TO BE COMPLETED BY THE DEALER: (Please Print)

Customer Name: _____

Address: _____ Phone # _____

New Vehicle: Year _____ Make _____ Model _____

VIN# _____ 2 Door or _____ 4 Door _____ ? ABS _____?

Daytime Running lights? _____, VIN Etching? _____, On Star? _____, Dual Air bags? _____

Color? _____, Miles? _____, Purchase Price? \$ _____, Lease or Loan? _____

Lien Holder name and address: _____

New Plates or Existing Plates? _____

(If existing plates please provide us with the Year, Make, Model, and VIN# of the vehicle that will be taken off of the policy) _____

TO BE COMPLETED BY THE INSURED

I am requesting that add full coverage to my policy with the deductibles of (choose One)

200 _____, 500 _____, 1000 _____, Full Glass _____, Liability only (do not add Full coverage) _____

I understand that a Photo Inspection must be completed for my vehicle within 5 days of this transaction by an approved Carco Inspection site. Failure to get this inspection will result in your Comprehensive and Collision coverage's being suspended. I hereby authorize the above changes to be made to my insurance policy. I understand that I am responsible for any additional premium that may occur to my policy as a result of these changes.

Customer Signature X _____