

Limo Vehicle Change Form

Return to info@kielyhines.com or f) 502-897-1533

Named Insured _____ Client Code _____

Effective Date of Change: _____ (\$680 Required to Bind)

IF YOUR POLICY IS FINANCED: A down payment of \$680 is required when adding a vehicle unless you are deleting a vehicle at the same time. Please fax a copy of this form along with a copy of your check. (Check is Payable to Kiely Hines) Check must be mailed to Kiely Hines with this form to bind coverage on vehicle adding

ADDING VEHICLE:

Year: _____ Make: _____ Model: _____

VIN#: _____

Cost New: \$ _____ Stated Value: \$ _____ Radius: _____

___ Stretch Limo _____" (Length of Stretch) ___ Sedan ___ VAN ___ SUV

___ Number of "Passengers" ___ Maximum **CROSS STATE LINES? Y N**

Vehicle Modified? Yes No Coachbuilder: _____

GARAGING ADDRESS: _____

Any atypical Amenities? (Double Rear Axle, Hot Tub) If so, please describe:

___ Liability Coverage Only (No Comprehensive/Collision)

___ Full Coverage (Include Comp/Coll Coverage) \$ _____ (Deductible)

Loss Payee (Name & Address): _____

___ New Driver? Yes No (IF Yes, submit **MVR Form** w/change request)

DELETE VEHICLE:

Year: _____ Make: _____ Model: _____ VIN#: _____

___ Junked ___ Totaled ___ Sold (Attach copy of Title Transfer)

Return to Kiely Hines FAX: (502) 897-1533

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X _____
Signature of Insured Date