

Taxi and Medical Transport Vehicle Change Form

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

Named Insured: _____ Client Code: _____

Change Effective: _____

___ **DRIVER'S AUTO LEASED TO INSURED (COPY OF LEASE REQUIRED)**

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: (If FINANCED) Attached copy of check to this form (\$680)

Year: _____ Make: _____ Model: _____

VIN#: _____ (17 Digits)

VAN? Y N WHEEL CHAIR RAMPS? Y N LIFT STATION? Y N

Stated Value: \$ _____ MAX Radius: _____ MAX Seating: _____

Address, City & State Vehicle Garaged: _____

___ Liability Only (I do NOT wish to purchase Physical Damage coverage)

___ Full Coverage (Add Comprehensive & Collision Coverage)

\$ _____ Comprehensive Deductible \$ _____ Collision Deductible

Lien Holder: _____

___ New Driver ? Yes No If Yes, submit MVR Form with change request

DELETE VEHICLE:

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

___ **DELETE DRIVER:** _____

___ Totaled ___ Junked ___ Temporarily Out of Service (Must Remain Off 30 Days)

___ Sold (Attach copy of Title Transfer)

X _____ X _____

Return Kiely Hines FX: (502) 897-1533

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____ DRIVER'S AUTO LEASED TO INSURED (COPY OF LEASE REQUIRED)
Insured Date