

Bus Vehicle Change Form

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

Named Insured: _____ Client Code: _____

EFFECTIVE DATE OF CHANGE: _____

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#: _____

Stated Value: \$ _____ Radius: _____

Maximum Seating Capacity: _____ Cross State Lines? Y N

GARAGING ADDRESS OF VEHICLE: _____

____ Liability Coverage Only (No Comp/Coll)

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

Leinholder/Loss Payee: (Complete Name & Mailing Address Required)

____ 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)

X _____
Signature of Insured _____ Date