



AUTO CHANGE REQUEST

Date of Request: _____

ADD

DELETE

CHANGE

INFORMATION	CHANGE	
CUSTOMER NAME		
EFFECTIVE DATE OF CHANGE		
YEAR OF VEHICLE		
LEASE / OWN		
MAKE		
MODEL		
COST NEW		
GARAGING CITY & ZIP		
VEHICLE ID NUMBER		
TITLE HOLDER & ADDRESS		
LIENHOLDER & ADDRESS (LOAN NUMBER)		
COVERAGE		
LIABILITY	YES	NO
COMPREHENSIVE	YES	NO
COLLISION	YES	NO
TOWING	YES	NO
RENTAL	YES	NO

INSURED SIGNATURE: _____

DATE: _____

PLEASE EMAIL REQUEST TO: INFO@SZURAAGENCY.COM

THANK YOU!