



Adventist Risk Management, Inc.

Automobile Policy Change Request

Type of Request: Add Delete
 Change Quote

Effective Date of Change: _____

1 Client Information (Note: local organizations include churches, schools, community service centers and similar locations)

Insured Name: Northern California Conference of Seventh-day Adventists
 Local Organization Name: _____
 Local Organization Address: _____

2 Automobile Information

Year: _____ Make: _____ Model: _____ V.I.N.: _____
 Garage Location (city/town, state and Z.I.P. Code): _____

3 Type of Automobile (Select only one)

- Truck or Trailer**
How is truck or trailer primarily used? (select only one)
 Service: driven to job site for majority of the day
 Commercial: transports property to a business
 Retail: delivers property to individual households.
 Radius of operation: 0-50 miles 51-200 miles 200+ miles
 Gross Vehicle Weight: _____
- Bus or Van**
How is bus or van primarily used? (select only one)
 School: transports passengers for school activities
 Church: Transports passengers for church activities
 Social Service: transports passenger for comm. Serv.
 Radius of operation: 0-50 miles 51-200 miles 200+ miles
 Seating Capacity: _____
- Motorhome**
 Length of motorhome: _____
- Other Automobile** (such as cars, snowmobiles, golf carts)
 Describe how the automobile is primarily used:

4 Coverage

Select coverage by entering a limit or deductible

Liability: \$1,000,000
 Personal Injury Protection: _____
 Property Protection (MI Only): _____
 Auto Medical Payment: _____
 Uninsured Motorist: _____
 Underinsured Motorist: _____
 Comprehensive (\$250 minimum): _____
 Collision (\$500 minimum): _____
 Original Cost New: _____

Instructions
 Some coverages not available in every state, contact ARM if you have any questions.

5 Loss Payee

Lending institution if automobile is financed

Name: _____
 Street Address: _____

 City: _____
 State: _____ Z.I.P. Code: _____
 Phone #: _____
 Loan #: _____

6 General Information (If any questions are "Yes", please provide explanation)

- Is this automobile primarily operated by non-employees (such as students or volunteers)? Yes No
 Explanation: _____
- Is the primary operator of the automobile not covered by a Worker's Compensation policy? Yes No
 Explanation: _____
- Any existing damage to the automobile? Yes No
 Explanation: _____

7 Other Information

8 Signature

Authorized Representative of the Insured: _____ Date: _____
 Authorized Representative of ARM: _____ Date: _____