

## REQUEST FOR POLICY CHANGES

Email form to [justinea@dbates.com](mailto:justinea@dbates.com) or Fax to 503-221-0540

Named Insured: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Today's date: \_\_\_\_\_

### Add/Delete Driver:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

MVR attached \_\_\_\_\_

### Add/Delete Vehicle or Lienholder:

Description of Vehicle – Year, Make, Model, Vin # and usage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Certificate Holder/Additional Insured/Evidence of Property Insurance Request:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Contract # \_\_\_\_\_ Account/Loan # \_\_\_\_\_

Description of Property \_\_\_\_\_

**Special Wording/Contract review: Please attach copy of Insurance Requirements and Indemnification Agreement.**

### Mailing/Billing Address

Change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are moving or adding a new location, please call so we may get details on the new location and complete a new location questionnaire.**