

REQUEST FOR POLICY CHANGES

Email form to 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.