

POLICY NO.: _____ INSURED: _____

BROKER INFORMATION

AGENCY NAME: _____ CONTACT NAME: _____
PHONE: () _____ FAX () _____ EMAIL: _____

IF YOU WANT TO ADD OR DELETE A LOCATION: What changes do you need to make?

1. ADD LOCATION? ___ (We also need a completed Location Change application to QUOTE)
2. DELETE LOCATION NO. ___ Address _____ City _____
EFFECTIVE DATE OF CHANGE: _____

TO ADD, DELETE OR CHANGE SPECIFIC COVERAGE:

GARAGE LIAB.: Change to \$100,000 ___ \$300,000 ___ \$500,000 ___ \$1 Million Aggregate: 1X ___ 2X ___ 3X ___
Change deductible to: \$500 ___ \$1,000 ___ Other \$ _____
Broad Coverage: Delete ___ or Add ___ **OR** **Personal Injury:** Delete ___ or Add ___
Federal Odometer: Delete ___ or Add ___ **Truth in Lending:** Delete ___ or Add ___ **Title E&O:** Delete ___ or Add ___
False Pretense: Delete ___ or Add ___ **Government Confiscation:** Delete ___ or Add ___
GKLL: Location No. ___ : Delete ___ or Add/ Change to \$ _____ w/Deductible: \$500 ___ or \$1,000 ___
DEALER'S PHYS. DAM.: Location No. ___ : Delete ___ or Change to \$ _____ w/ \$1,000 deductible
FIRE LEGAL: Delete ___ or Add/ Change to \$ _____ **MED PAY:** Delete ___ or Change to \$ _____
UM: Delete ___ or Change to \$15/30K ___ \$30K ___ \$60K ___ (If deleting, we need signed UM waiver!!!!)
DEALER'S DRIVE AWAY: Add ___ or Delete ___ **WAIVER OF COLLISION DEDUCTIBLE:** Delete ___ or Add ___
BUILDING: Location ___ : Delete ___ Add/ Change to \$ _____ Deductible \$ _____
BUSINESS PERS. PROP.: Delete ___ Add/ Change to \$ _____ Deductible \$ _____
LOSS OF INCOME: Delete ___ Add/ Change to \$ _____ Deductible \$ _____
SIGN COVERAGE Delete ___ Add/ Change to \$ _____ Deductible \$ _____
SPECIAL INSTRUCTIONS: _____

