



**Insurance and Financial Services, Ltd.**

Phone: 302.239.2355

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***Automobile Changes***

Named Insured: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Person requesting change: \_\_\_\_\_

**Auto Added:**  New  Used Effective Date of Change: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vin#: \_\_\_\_\_

Cost New/Purchase Price: \_\_\_\_\_ GVW: \_\_\_\_\_

Use: \_\_\_\_\_

Overnight Garaging Location: \_\_\_\_\_ State Tagged: \_\_\_\_\_

Vehicle Titled to: \_\_\_\_\_

Is auto:  Owned  Financed  Leased

Loss Payee/Lease Company: \_\_\_\_\_

Comprehensive Deductible: \_\_\_\_\_ Collision Deductible: \_\_\_\_\_

\*Rental Reimbursement:  Yes  No Towing:  Yes  No

\* Private Passenger (autos) Only

**Deleted Auto** Effective Date of Change: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Vin#: \_\_\_\_\_

**www.ifs-de.com**