



COMMERCIAL SPECIALISTS INSURANCE SERVICES
LIC # 0D80851

PO BOX 4185 THOUSAND OAKS CA 91359-1185
PHONE: 888-501-2747 (CSIS) FAX: 888-502-2747 (CSIS)
WWW.CSISONLINE.COM

PERSONAL AUTO POLICY CHANGE REQUEST

Named insured _____
Phone #: _____ Cell # _____ Fax # _____
Email: _____ Preferred method of contact: Phone Fax Email Mail
Mailing address: _____
Physical/Premise address _____

Driver Information:

Driver Name		D.O.B	License Number	Marital status	Violations in last 3 years?
<input type="checkbox"/> Add <input type="checkbox"/> Del				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Del				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any above listed driver has been licensed in for less than 2 years in your state, provide prior license # and issuing state: License # _____ State: _____ Violations?: Yes No

Vehicle Information:

Year	Make/Model/Body Type	VIN	Current Odometer	Value	Radius of Operations (miles)	
					<input type="checkbox"/> < 50 <input type="checkbox"/> 50 -100 <input type="checkbox"/> > 100	
					<input type="checkbox"/> < 50 <input type="checkbox"/> 50 -100 <input type="checkbox"/> > 100	
Lender Name & Account #			Lender Address		Loss Payee	Additional Insured
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Select the desired coverages:

BI: Bodily Injury PD: Property Damage

****Liability****	Comp/Collision Deductible	****Uninsured Motorist BI****	Uninsured Motorist PD	Rental	Medical Payments
<input type="checkbox"/> 15/30/10	<input type="checkbox"/> 100	<input type="checkbox"/> 15/30		<input type="checkbox"/> 25/day	<input type="checkbox"/> 1000
<input type="checkbox"/> 25/50/25	<input type="checkbox"/> 250	<input type="checkbox"/> 25/50	<input type="checkbox"/> 3500	<input type="checkbox"/> 35/day	<input type="checkbox"/> 2000
<input type="checkbox"/> 50/100/50	<input type="checkbox"/> 500	<input type="checkbox"/> 50/100		<input type="checkbox"/> 50/day	<input type="checkbox"/> 5000
<input type="checkbox"/> 100/300/100	<input type="checkbox"/> 1000	<input type="checkbox"/> 100/300		<input type="checkbox"/> 75/day	<input type="checkbox"/> 10,000
<input type="checkbox"/> 250/500/100	<input type="checkbox"/> 2500	<input type="checkbox"/> 500/500			<input type="checkbox"/> 25,000
<input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000					

****ALL VEHICLES MUST CARRY SAME LIABILITY/UNINSURED MOTORIST COVERAGE****

Signature of Named Insured

Date

NO COVERAGE IS IN FORCE UNTIL CONFIRMATION HAS BEEN RECEIVED IN WRITING