

Consumer Friendly Insurance Services

10460 San Pablo Ave., El Cerrito, CA 94530-2829

Phone: (510) 559-1311, Fax: (866) 357-1141, Email: cfi-ins@att.net

Auto Policy Change Request

Producer Code: _____ Producer Name: _____

Policy #: _____ Company: _____

Effective Date of Change: _____

Insured: _____ Effective Time of Change: _____ am pm

Dr. Lic #: _____ Binder/Confirmation #: _____

DRIVER CHANGE (check one) Add Change Delete/Exclusion (exclusion form required)

Name: _____ D.O.B.: _____ Male Female

License #: _____ State: _____ Married Single

Occupation: _____ Relationship: _____ Yrs. Licensed: _____

SR-22 Filing Required Yes No (May only be issued for named insured or spouse of named insured)

VEHICLE CHANGE: (check one) Add Replace Delete

Delete Vehicle: Year _____ Make _____ Model _____ Vin# _____

Add Vehicle: Year _____ Make _____ Model _____ Vin# _____

(registration showing named as owner is required)

ADDRESS CHANGE: (check one) Mailing Garaging Both

Old Address _____

New Address _____

Street City State Zip Code Phone#

COVERAGE CHANGE: (check one) Add Replace Delete

VEH.# BI/PD UMBI UMPD Medical Comp. Ded. Coll. Ded. Other

(Appropriate waivers, signed by named insured, are required to delete UMBI/UMPD coverages)

LOSS PAYEE, ADDITIONAL INSURED (check one) Add Replace Delete

Vehicle: Yr. _____ Make: _____ Model: _____ Vin#: _____

Name and Address: _____

Street City State Zip Code Phone#

CANCELLATION REQUEST

Effective Date of Cancellation: _____ Reason: _____

OTHER REQUEST: _____

Named Insured's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____