



Insuring Your Way Since 1935

CONFIRMATION OF INSURANCE COVERAGE CHANGE

Name: _____

Address: _____

Effective Date of Change: _____

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Policy to Be Changed: \_\_\_\_\_

TYPE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

POLICY#: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

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CHANGES TO BE MADE:

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All coverages, changes and increased limits were explained to me. I authorize the changes (s) by signing this form. I understand that Part 2, PIP, does not apply to Motorcycle policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_