

**FAX OR EMAIL  
VEHICLE REQUEST CHANGE FORM**

DATE \_\_\_\_\_

**TO:** Colonial Insurance - Attn: Kim Russell  
**FAX:** (334) 270-6797  
**EMAIL:** krussell@colonial-insurance.com

**FROM:** \_\_\_\_\_

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**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

**ADD A VEHICLE**       **DELETE A VEHICLE**

Year/Make/Model \_\_\_\_\_

Vehicle Identification # \_\_\_\_\_

UNIT# \_\_\_\_\_

Today's Value of Vehicle \$ \_\_\_\_\_

Cost New of Vehicle \$ \_\_\_\_\_

Garage Location \_\_\_\_\_

Vehicle Use \_\_\_\_\_  
(AMBULANCE, WHEELCHAIR VAN, SERVICE, ETC.)

**PHYSICAL DAMAGE**       **LIABILITY ONLY**

Lienholder \_\_\_\_\_

Address \_\_\_\_\_

Attn \_\_\_\_\_

Loan/Lease# \_\_\_\_\_

**THIS FORM IS FOR REQUESTS ONLY**  
**No changes can be made without Insurance Company approval**

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**APPROVED**      **\*FOR OFFICE USE ONLY**  
**DATE:** \_\_\_\_\_