

# CenterPoint Insurance Group

## Change Form

### Auto Schedule Change [Use your Tab Key to Move through each field]

Organization/Company Information			
Organization:		Phone:	
Requested by:		Effective Date of this Change:	

Automobile Change Information #1							
<b>SELECT ONE:</b>	<b>ADDITION</b>	<input type="checkbox"/>	<b>DELETION</b>	<input type="checkbox"/>	<b>AMMENDMENT</b>	<input type="checkbox"/>	
Vehicle Year:		Vehicle Make & Model:		W/C Lift?		Capacity?	
Vehicle [17] Digit VIN Number:							
Where is the vehicle garaged (include full address):				Cost of the Vehicle:			
If there is a Loss/Payee – Additional Insured please provide Lien Holder Information;							

Automobile Change Information #2							
<b>SELECT ONE:</b>	<b>ADDITION</b>	<input type="checkbox"/>	<b>DELETION</b>	<input type="checkbox"/>	<b>AMMENDMENT</b>	<input type="checkbox"/>	
Vehicle Year:		Vehicle Make & Model:		W/C Lift?		Capacity?	
Vehicle [17] Digit VIN Number:							
Where is the vehicle garaged (include full address):				Cost of the Vehicle:			
If there is a Loss/Payee – Additional Insured please provide Lien Holder Information;							

Automobile Change Information #3							
<b>SELECT ONE:</b>	<b>ADDITION</b>	<input type="checkbox"/>	<b>DELETION</b>	<input type="checkbox"/>	<b>AMMENDMENT</b>	<input type="checkbox"/>	
Vehicle Year:		Vehicle Make & Model:		W/C Lift?		Capacity?	
Vehicle [17] Digit VIN Number:							
Where is the vehicle garaged (include full address):				Cost of the Vehicle:			
If there is a Loss/Payee – Additional Insured please provide Lien Holder Information;							

**Please complete this “Change Form” for your insurance Policy Changes and send this document as an email attachment to [carole.senn@cptins.com](mailto:carole.senn@cptins.com) or fax it to 303.333.1391.**