



SOVEREIGN RISK SOLUTIONS

Instructions: Email, Fax, or Mail this completed form to Sovereign Risk Solutions. After sending, please contact your customer service representative to confirm receipt.

VEHICLE CHANGE REQUEST FORM

DATE: _____

TO: **SOVEREIGN RISK SOLUTIONS**

FAX: **678-996-3401**

EMAIL: policy@sovrisk.com

FROM [BUSINESS NAME]: _____

EFFECTIVE DATE OF CHANGE: _____

ADD A VEHICLE: DELETE A VEHICLE:

YEAR/MAKE/MODEL _____

VIN# _____

WHEELCHAIR LIFT? _____
(YES OR NO)

TODAY'S VALUE OF VEHICLE: \$ _____

GARAGING LOCATION _____

SEATING CAPACITY: _____

PHYSICAL DAMAGE: LIABILITY ONLY:

LIENHOLDER _____

ADDRESS _____

ATTN. _____

LOAN/LEASE# _____

THIS FORM IS FOR REQUESTS ONLY

No changes can be made without approval from the Insurance Company

FOR OFFICE USE ONLY

APPROVED DATE: _____

www.sovereignrisksolutions.com

Building 28, 1640 Powers Ferry Road SE, Marietta, Georgia 30067

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