

## Armour Insurance Brokers Ltd. - Policy Change Request Form (VEHICLES)

Policy #:	Insured:	Eff. Date:
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**Type of Change Requested:**

<input type="checkbox"/> Vehicle Addition	<input type="checkbox"/> Vehicle Deletion
<input type="checkbox"/> Existing Vehicle - Change of Info	

**Details (Please attach a copy of the Vehicle Ownership/Registration)**

Year	Make	Vin #	ACV	Radius of Oper
<b>Coverage Required for above Vehicle</b>			<b>Commodities Carried</b>	
<input type="checkbox"/> As per existing Policy <input type="checkbox"/> Other (Please fill out details below)			<input type="checkbox"/> As per existing Policy <input type="checkbox"/> Other (Please provide details below)	
Type	Limit	Deductible		
<input type="checkbox"/> TPL				
<input type="checkbox"/> All Perils				
<input type="checkbox"/> Cargo				
<input type="checkbox"/> CGL				
<input type="checkbox"/> Comprehensive				

**Exposure Details**

CANADA -  As per existing Policy     Other (Please fill out details below)

Province	Per.	Province	Per.	Province	Per.	Province	Per.
Alberta	%	New Brunswick	%	Nunavut	%	P.E.I	%
BC	%	Newfoundland	%	N.W.T	%	Quebec	%
Manitoba	%	Nova Scotia	%	Ontario	%	Saskatchewan	%
						Yukon	%

USA -  As per existing Policy     Other (Please fill out details below)

State	Per.	Sate	Per.	State	Per.	State	Per.
Alabama	%	Illinois	%	Montana	%	Pennsylvania	%
Alaska	%	Indiana	%	Nebraska	%	Rhode Island	%
Arizona	%	Iowa	%	Nevada	%	S. Carolina	%
Arkansas	%	Kansas	%	New Hampshire	%	S. Dakota	%
California	%	Kentucky	%	New Jersey	%	Tennessee	%
Colorado	%	Louisiana	%	New Mexico	%	Texas	%
Connecticut	%	Maine	%	New York	%	Utah	%
Delaware	%	Maryland	%	N. Carolina	%	Vermont	%
D. Columbia	%	Massachusetts	%	N. Dakota	%	Virginia	%
Florida	%	Michigan	%	Ohio	%	Washington	%
Georgia	%	Minnesota	%	Oklahoma	%	W. Virginia	%
Idaho	%	Mississippi	%	Oregon	%	Wisconsin	%
		Missouri	%			Wyoming	%
						TOTAL	%

**Loss Payee / Other Insured**

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I am an authorized representative for the above insured and confirm that the information provided above is accurate.

Date:	Signature:
Name:	Title:

***Please Sign and Fax this Form to our office at 905-452-5128***