

Personal Lines Change Request
Complete and fax to 402-483-7239 or e-mail to imi@radiks.net

Policy Number _____ Effective Date of Change _____

Agent's Name and Address _____

Insured's Name _____

Change Mailing Address to: _____

Change Location/Garage Address to*: _____

*If same as new mailing address, indicate SAME

MORTGAGEE:

Add _____ * Must have Physical Damage on unit Change _____ Delete _____

Name _____ Loan Number _____

Address _____

UNIT:

Add _____ Change _____ Delete _____ (For policy cancellation send signed Release)

Year	Make/Model	CC Size or Length/Width	Serial Number or VIN	Purchase Date	Purchase Price
_____	_____	_____	_____	_____	_____

COVERAGES:

Add _____ Change _____ Delete _____

Liability Limits _____
Comprehensive _____ Deductible _____
Collision _____ Deductible _____
UM/UIM _____
Other _____

MISCELLANEOUS:

Added Driver - Name, Date of Birth, Driver's License Number: _____

Additional Insured - Name, Address, Social Security Number _____

Other: _____