



National Group Insurance Company

**BROKERING AGENT'S REGISTER NUMBER #:** \_\_\_\_\_

(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)

**COMMERCIAL AUTO & GARAGE POLICY CHANGE REQUEST**

Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured Address Changed:		Producer Name & Address:	
Attention:		Producer's Phone :	
Insured's Name:		Producer's Code:	
Effective Date of Policy:    /    /		Effective Date of Change:    /    /	

[ ] Add						[ ] Delete	
Year:	Make:	Model:	Body Type:	V.I.N.	Cost New:		
					\$		
City, State, Zip Where Garaged:					Territory:	GVW / GCW:	
Liability:		No Fault:	Additional No Fault:	Medical Payments:	Uninsured Motorist:	Comp. & Collision:	
\$		\$	\$	\$	\$	Ded \$	

[ ] Add						[ ] Delete	
Year:	Make:	Model:	Body Type:	V.I.N.	Cost New:		
					\$		
City, State, Zip Where Garaged:					Territory:	GVW / GCW:	
Liability:		No Fault:	Additional No Fault:	Medical Payments:	Uninsured Motorist:	Comp. & Collision:	
\$		\$	\$	\$	\$	Ded \$	

[ ] Add						[ ] Delete	
<i>Driver Information: (List all drivers, employees, spouses and all persons over 15 residing with applicant)</i>							
Name (Include address, if necessary)	Date of Birth	Year Lic.	Drivers License Number	State License			
	/ /						

[ ] Add						[ ] Delete	
<i>Driver Information: (List all drivers, employees, spouses and all persons over 15 residing with applicant)</i>							
Name (Include address, if necessary)	Date of Birth	Year Lic.	Drivers License Number	State License			
	/ /						

Garage Section:						
Auto Only:	Other than Auto Only:	Other than Auto Only:	Medical Payments (Garage Keepers):	No. of Employees:	Territory:	
\$	\$	\$	[ ] \$500 [ ] \$1,000 [ ] \$2,000			

Coverages / Limits			
Legal Liability:	[ ] Specified Perils	[ ] Collision	[ ] Covered Auto Symbol 30
Limit: \$	# of Autos:	Deductible per Auto \$500	Max Deductible per Loss \$2,500

[ ] Loss Payee	[ ] Additional Insured	[ ] Add	[ ] Delete
Name:			
Address:			

Additional Changes / Remarks:
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