

## Trucking Driver/Vehicle Change Request Form

Insured Name: \_\_\_\_\_

Requested By: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

**DRIVERS | ADD:**

Driver Name(s)	DOB	Driver's License #	State	Date of Hire (If Hired)	Years of Experience	OTR/Shag/Owner Operator/Other

**DRIVERS | DELETE:**

Driver Name(s)	Date of Termination	Owner Operator (Y/N)

**VEHICLES | ADD:**

Unit #	Year	Make	Model	Full VIN	Liability (Y/N)	Physical Damage (Y/N)	Insured Value	Cargo (Y/N)	Equipment Owner

Loss Payee (Y/N)	Loss Payee Name	Loss Payee Address

**VEHICLES | DELETE:**

Unit #	Year	Make	Model	Last Four #'s of VIN	Equipment Owner

Additional Comments: \_\_\_\_\_

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