

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

Check If Applicable: ☐ Rental Reimbursement ☐ Roadside Assistance

VEHICLES | DELETE: LEASE TERMINATION OR BILL OF SALE IS REQUIRED TO DELETE

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

Additional Comments: _____
