



## Vehicle Change Request

To: _____	From: _____
Company: <u>Welsch, Flatness &amp; Lutz, Inc.</u>	Date: _____
Fax: <u>(314) 342-7170</u>	

Named Insured: \_\_\_\_\_  
Requested By: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

### Deleting Vehicle

Effective Date: \_\_\_\_\_  
Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_  
VIN Number: \_\_\_\_\_

### Adding Vehicle

Effective Date: \_\_\_\_\_  
Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_  
VIN Number: \_\_\_\_\_

If vehicle is a truck, please provide gross vehicle weight: \_\_\_\_\_

### Coverage

Comprehensive     Yes     No    Deductible: \_\_\_\_\_  
Collision         Yes     No    Deductible: \_\_\_\_\_  
Medical Payments     Yes     No  
Towing             Yes     No  
Rental Reimb.     Yes     No

Leased     Yes     No    If "yes", duration of lease: \_\_\_\_\_

Loss Payee and/or Additional Interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_