



COMMERCIAL SPECIALISTS INSURANCE SERVICES
LIC # 0D80851

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PHONE: 888-501-2747 (CSIS) FAX: 888-502-2747 (CSIS)
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COMMERCIAL AUTO POLICY CHANGE REQUEST

Named insured _____
 Phone #: _____ Cell # _____ Fax # _____
 Email: _____ Preferred method of contact: Phone Fax Email Mail
 Mailing address: _____
 Physical/Premise address _____

Driver Information:

Driver Name		D.O.B	License Number	Marital status	Violations in last 3 years?
<input type="checkbox"/> Add <input type="checkbox"/> Del				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Del				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any above listed driver has been licensed in for less than 2 years in your state, provide prior license # and issuing state: License # _____ State: _____ Violations?: Yes No

Vehicle Information:

Year	Make/Model/Body Type	VIN	Gross Veh Wt	Value	Radius of Operations (miles)
					<input type="checkbox"/> < 50 <input type="checkbox"/> 50 -100 <input type="checkbox"/> > 100
					<input type="checkbox"/> < 50 <input type="checkbox"/> 50 -100 <input type="checkbox"/> > 100
Lender Name & Account #		Lender Address		Loss Payee	Additional Insured
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Select the desired coverages:

****Liability**** Split Limits OR CSL		Comp/Coll Ded	****Uninsured Motorist BI****	Uninsured Motorist PD	Hired & Non - Owned Auto	Medical payments
<input type="checkbox"/> 15/30/10	<input type="checkbox"/> 300,000	<input type="checkbox"/> 250	<input type="checkbox"/> 15/30	<input type="checkbox"/> 3500	<input type="checkbox"/> Yes	<input type="checkbox"/> 500
<input type="checkbox"/> 50/100/50	<input type="checkbox"/> 500,000	<input type="checkbox"/> 500	<input type="checkbox"/> 25/50	<input type="checkbox"/> 5000	<input type="checkbox"/> No	<input type="checkbox"/> 1000
<input type="checkbox"/> 100/300/50	<input type="checkbox"/> 750,000	<input type="checkbox"/> 1000	<input type="checkbox"/> 30/60			<input type="checkbox"/> 2000
<input type="checkbox"/> 250/500/100	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2500	<input type="checkbox"/> 50/100			<input type="checkbox"/> 5000
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:			

CSL = Combined Single Limit BI: Bodily Injury PD: Property Damage

****ALL VEHICLES MUST CARRY SAME LIABILITY/UNINSURED MOTORIST COVERAGE****

Signature of Named Insured

Date

NO COVERAGE IS IN FORCE UNTIL CONFIRMATION HAS BEEN RECEIVED IN WRITING