



Automobile Insurance Change Form

\*\* Please save and attach this form to an email to [info@palanciainsurance.com](mailto:info@palanciainsurance.com) \*\*

1. Name Insured or Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Dealership: \_\_\_\_\_ Sales Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

3. Vehicle Information

Replacement Vehicle: yes  no   
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Owned  Leased  Leaned   
VIN: \_\_\_\_\_  
Effective Date Of Change: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
Coverage Liability: \_\_\_\_\_  
Comprehensive: \_\_\_\_\_  
Collision: \_\_\_\_\_  
Deductible: \_\_\_\_\_  
Does The Car Have:  
Alarm System: yes  no  , Active  or Passive   
Air Bags: yes  no  how many: \_\_\_\_\_  
Anti Lock Brakes: yes  no   
Daytime running lights: yes  no   
Use: \_\_\_\_\_  
Registrant: \_\_\_\_\_  
Operator: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Garaging Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Leinholder Information

Name of Financial Institution: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_