

POLICY CHANGE REQUEST FORM (ENDORSEMENT)

TO: Tonya DiMaggio
Altamont Insurance Brokers
Lic. #OC15034

DATE: _____

FAX: 209-835-7395

FROM: _____

PLEASE ADD / DELETE THE FOLLOWING VEHICLES:

(PLEASE CIRCLE ONE)		YEAR	MAKE	MODEL	VIN#	* \$ VALUE FOR COMP/COLLISION	
ADD	DELETE	_____	_____	_____	_____	Y / N	\$ _____
ADD	DELETE	_____	_____	_____	_____	Y / N	\$ _____
ADD	DELETE	_____	_____	_____	_____	Y / N	\$ _____

* PLEASE NOTE, BY PLACING A DOLLAR AMOUNT UNDER "VALUE" IT MEANS THAT THIS VEHICLE WILL BE COVERED FOR COMP/COLLISION, IF NO AMOUNT APPEARS THERE WILL NOT BE ANY PHYSICAL DAMAGE COVERAGE FOR THAT VEHICLE.

PLEASE ADD / DELETE THE FOLLOWING DRIVERS:

(PLEASE CIRCLE ONE)		FIRST & LAST NAME	LICENSE NUMBER / STATE
ADD	DELETE	_____	_____
ADD	DELETE	_____	_____
ADD	DELETE	_____	_____

ADDRESS CORRECTIONS: (PLEASE SPECIFY MAILING OR PHYSICAL)

Altamont Insurance Brokers, Inc.

4598 S. Tracy Blvd., #120 Tracy, CA 95377

209-835-6395 Fax 209-835-7395