



A.I.G. Associated Insurance Group
 150 Weldon Pkwy.
 Maryland Heights, Mo 63043
 P:314-432-1818 F:314-432-3100

ACORD™ PERSONAL AUTO POLICY CHANGE REQUEST DATE (MM/DD/YYYY) / /

AGENCY	PHONE (A/C, No, Ext): (314) 432-1812	COMPANY	NAIC CODE:
	FAX (A/C, No): (314) 432-3100		
ASSOCIATED INSURANCE GROUP 150 WELDON PKWY MARYLAND HEIGHTS MO 63043-		ATTENTION:	
CODE:	SUBCODE:	POL#:	
AGENCY CUSTOMER ID		ACCT#:	
NAMED INSURED		EFFECTIVE DATE OF CHANGE	INCEPTION DATE OF POLICY
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED		/ /	/ /
TAX CODE		EXPIRATION DATE	
		/ /	
		CHANGE BILLING PLAN TO:	
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	
		PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE	

VEHICLE DESCRIPTION/USE																			
TYPE OF CHANGE	VEH	YEAR	MAKE, MODEL AND BODY TYPE										VIN/REGISTERED STATE		REG TO DRV #	HP/CC	DATE LEASED	DATE PURCH	NEW/USED
COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR-AGED	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)			CLASS		
PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES			CREDITS AND SURCHARGES			GARAGE LOCATION (If different than mailing address)										
									TYPE OF CHANGE	VEH #									

VEHICLE COVERAGES/PREMIUMS									
COVERAGES	TYPE OF CHANGE	VEH #:							
SINGLE LIMIT LIAB (CSL)			\$	EA ACCIDENT		\$	EA ACCIDENT		
BODILY INJURY LIAB			\$	EA PERSON	\$	EA ACCIDENT	\$	EA PERSON	EA ACCIDENT
PROPERTY DAMAGE LIAB			\$	EA ACCIDENT	\$	DEDUCTIBLE	\$	EA ACCIDENT	DEDUCTIBLE
NO FAULT COVERAGES			\$				\$		
			\$				\$		
			\$				\$		
MEDICAL PAYMENTS			\$	EA PERSON			\$	EA PERSON	
UNINSURED MOTORIST	CSU/BI		\$	EA PERSON	\$	EA ACCIDENT	\$	EA PERSON	EA ACCIDENT
	PD		\$	EA ACCIDENT			\$	EA ACCIDENT	
UNDERINSURED MOTORIST	CSU/BI		\$	EA PERSON	\$	EA ACCIDENT	\$	EA PERSON	EA ACCIDENT
	PD		\$	EA ACCIDENT			\$	EA ACCIDENT	
COMPREHENSIVE	DED		\$				\$		
COLLISION	DED		\$				\$		
ACV UNLESS AMT STATED			\$				\$		
TOWING & LABOR			\$				\$		
TRANS EXP/RENTAL RE			\$				\$		
			\$				\$		

GENERAL INFORMATION (Explain all "yes" responses in remarks)

IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1-5	YES	NO	IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 6-10	YES	NO
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? IF YES, (List vehicle number(s) and name(s) as it appears on registration.)			6. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)			7. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			8. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number) (Not applicable in WI)		
4. ANY CAR KEPT AT SCHOOL?			9. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		
5. ANY CAR PARKED ON STREET?			10. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		

REMARKS

APPLICANT'S SIGNATURE _____ DATE / / _____ PRODUCER'S SIGNATURE _____ NATIONAL PRODUCER NUMBER _____