



P.O. Box 521 Spring Lake, MI 49456
 Voice: 616-842-8270 Fax: 616-842-1040
 Email: contact@kieftagency.com

Auto Change Request Form

All items must be completed in full.

Insured Information:

Insured's Name	Effective Date
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Return Proof of Insurance to:

Name	Fax
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New Vehicle Information:

Year	Make	Model
Vin		

Coverage Requested:

Comprehensive:

Deductible \$100 <input type="checkbox"/>	None <input type="checkbox"/>
\$250 <input type="checkbox"/>	
\$500 <input type="checkbox"/>	

Collision:

Deductible \$250 <input type="checkbox"/>	None <input type="checkbox"/>
\$500 <input type="checkbox"/>	
\$1000 <input type="checkbox"/>	

Towing \$50 <input type="checkbox"/>	Rental Reimbursement \$
\$75 <input type="checkbox"/>	
\$100 <input type="checkbox"/>	

OR Same as Vehicle:

Year:	Make:	Model:
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This vehicle will be: An additional vehicle A replacement vehicle

Vehicle to be deleted:

Year	Make	Model
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Lienholder/Leaseholder(Circle)

Name:
Misc
Address:

Insured's Signature: _____ Date: _____