

Attn: _____ Fax: _____

Frazao Insurance
VEHICLE CHANGE FAX SHEET
OUR FAX NUMBER (203) 459 – 9927

Please complete and fax back to us. **We will send you the ID cards as soon as we get confirmation of change from our insured.** If the vehicle is new, please send copy of Bill of Sale and also include a copy of the driver's license.

Client Name: _____
Last First Middle Initial

New Vehicle Information...

Year: _____ **Make:** _____ **Model:** _____

VIN Number (Print clearly) _____

Effective Date: _____ **Cost New** _____ **GVW** _____

Full Coverage: _____ **Comprehensive:** _____ **Liability Only:** _____

Safety Devices: **ABS** _____ **Remote Entry** _____ **Onstar** _____

Air Bags _____ **Driver & Passenger** _____ **Daytime Running Lights** _____

Purchased or Leased (please circle one)

Leinholder or Leasee _____

Address: _____

***IMPORTANT:**

Is this vehicle replacing an existing vehicle on our client's policy? Yes or NO

If yes, which vehicle does our client want replaced and deleted from the policy?

Sales Person Name: _____

Phone Number: _____ **Fax Number:** _____