ADDITION / DELETION OF VEHICLES

Fax to 516 437 0435 or Scan & Email to team@universalcasualty.com All changes made here in are effective as of 12:01am of the requested/received date.

DATE: PERSON REPORTING THE CHANGE:

VEHICLES ADDED: (Please Provide Complete 17 DIGIT VIN) revised 03-17-2021 1. YEAR: MAKE: MODEL: PLATE# VALUE \$: VIN: ___/__ / __/ UNIT#_____ ADD WITH PHYSICAL DAMAGE COVERAGE? (IF APPLICABLE) YES___NO___ EFFECTIVE DATE:_____ SEATING _____ 2. YEAR: _____ MAKE: ____ MODEL: ____ PLATE#___ VALUE \$: ____ VIN: __/__ /__/ UNIT#____ ADD WITH PHYSICAL DAMAGE COVERAGE? (IF APPLICABLE) YES___ NO___ EFFECTIVE DATE:_____ SEATING _____ 3. YEAR: _____ MAKE: ____ MODEL: ____ PLATE#____ VALUE \$: _____ VIN: ___/__ /__/ UNIT#_____ ADD WITH PHYSICAL DAMAGE COVERAGE? (IF APPLICABLE) YES___NO___ EFFECTIVE DATE:_____ SEATING _____ **4**. YEAR: MAKE: MODEL: PLATE# VALUE \$: ADD WITH PHYSICAL DAMAGE COVERAGE? (IF APPLICABLE) YES NO EFFECTIVE DATE: SEATING **5**. YEAR: _____ MAKE: ____ MODEL: ____ PLATE#____ VALUE \$: _____ VIN: ___/__ /__/__/__UNIT# ADD WITH PHYSICAL DAMAGE COVERAGE? (IF APPLICABLE) YES NO EFFECTIVE DATE: SEATING **VEHICLES DELETED: (ONLY Last 7 Digits of VIN Required) 1**. YEAR: _____ MAKE: _____ WODEL: _____ UNIT#_____ VIN: ___I__I__I__I__I___/ __ LIABILITY OFF__ PHYSICAL DAMAGE OFF___ EFFECTIVE ______ **2**. YEAR: _____ MAKE: _____ MODEL: _____ UNIT# ____ VIN: ___I___I___I___/ LIABILITY OFF___ PHYSICAL DAMAGE OFF___ EFFECTIVE **3**. YEAR: _____ MAKE: _____ MODEL: _____ UNIT#____ VIN: ___/__/__/___ LIABILITY OFF___ PHYSICAL DAMAGE OFF___ EFFECTIVE ______ 4. YEAR: _____ MAKE: _____ MODEL: _____ UNIT#_____ VIN: ___I__I__I__I__I___/ __ LIABILITY OFF___ PHYSICAL DAMAGE OFF___ EFFECTIVE ______ **5**. YEAR: _____ MAKE: ____ MODEL: ____ UNIT#____

VIN: ___I__I__I__I___I ___ / __ LIABILITY OFF__ PHYSICAL DAMAGE OFF__ EFFECTIVE _____