



AMERICAN TRANSIT INSURANCE COMPANY (036)
ENDORSEMENT REQUEST - CHANGE OF BASE CLASS

PRODUCER CODE	PRODUCER	DATE OF APPLICATION
CURRENT CLASS	POLICY NUMBER	NAMED INSURED

CHANGE CLASS TO CAR SERVICE

CHANGE CLASS TO BLACK CAR

EFFECTIVE DATE	CURRENT CLASS	NEW CLASS

NEW BASE NAME		NEW BASE NO.	
STREET ADDRESS	CITY/STATE	ZIP	

ALL OF THE FOLLOWING MUST BE SUBMITTED ALONG WITH THIS FORM TO ENDORSE THE POLICY:
(1) COPY OF RADIO BASE LETTER, (2) PROOF OF VEHICLE BASE, AND (3) VEHICLE REGISTRATION

FRAUD REGULATION
ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, FILES AN APPLICATION CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT WHICH IS A CRIME.

SIGNATURE OF NAMED INSURED		DATE	
SIGNATURE OF DRIVER		DATE	
PRODUCER SIGNATURE		DATE	