



AMERICAN TRANSIT INSURANCE COMPANY (036)
CHANGE OF VEHICLE REQUEST - TAXI, CAR SERVICE & CAP PROGRAM

PRODUCER CODE	PRODUCER	DATE OF APPLICATION		

SYMBOL	POLICY NUMBER	INSURED

CHANGE OF VEHICLE

EFFECTIVE DATE

OLD VEHICLE

YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	PLATE/REG. NUMBER

NEW VEHICLE

YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	PLATE/REG. NUMBER

IS THIS VEHICLE A HYBRID VEHICLE: YES NO
 IS THIS VEHICLE WHEEL CHAIR ACCESSIBLE: YES NO

(COPY OF RETAIL CERTIFICATE OF SALE, TITLE AND SALES TAX RECEIPT REQUIRED)

NOTE: AS THE OWNER/DRIVER OF THIS POLICY I UNDERSTAND THAT IF THE TRANSFER OF VEHICLE IS NOT REGISTERED WITH THE DEPARTMENT OF MOTOR VEHICLES I AM RESPONSIBLE FOR REPORTING IT TO THE PRODUCER AND/OR INSURANCE COMPANY. I WILL ALSO NOTIFY MY PRODUCER AND/OR THE INSURANCE COMPANY OF ANY NEW PLATES ISSUED BY THE DEPT OF MOTOR VEHICLES. I FURTHER UNDERSTAND THAT I WILL BE CHARGED A TEN DOLLAR (\$10.00) MOTOR VEHICLE LAW ENFORCEMENT (MVLE) FEE PER VEHICLE FOR EACH VEHICLE ADDED TO MY POLICY.

SIGNATURE OF INSURED		DATE			
SIGNATURE OF NEW DRIVER		DATE			
PRODUCER'S SIGNATURE		DATE			