

# Vehicle Addition Request Form

Insured: \_\_\_\_\_

Requested by: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_

## ► Information- Vehicle 1

Effective Date, when the vehicle is to be added: \_\_\_/\_\_\_/\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Cost New: \_\_\_\_\_ Gross Vehicle Weight: \_\_\_\_\_

Coverage:      Liability Only      Full Coverage      (Check One)

Garaging of this vehicle: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name and Address of the Loss Payee: \_\_\_\_\_

\_\_\_\_\_

Name and Address of Whom this Vehicle is titled to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ► Information- Vehicle 2

Effective Date, when the vehicle is to be added: \_\_\_/\_\_\_/\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Cost New: \_\_\_\_\_ Gross Vehicle Weight: \_\_\_\_\_

Coverage:      Liability Only      Full Coverage      (Check One)

Garaging of this vehicle: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name and Address of the Loss Payee: \_\_\_\_\_

\_\_\_\_\_

Name and Address of Whom this Vehicle is titled to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax or email this document to The Jacobs Company, Inc.

Fax # (301) 621-3043 or (410) 381-2105

[www.jacobscompany.com](http://www.jacobscompany.com)