PERSONAL AUTO POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY
TMK RISK MANAGEMENT INC
DBA KALLMAN INSURANCE
PO BOX 266736
WESTON , FL 33326

CONTACT NAME:
PHONE (A/C, No, Ext): 954-389-5897
FAX (A/C, No): 954-389-6661
E-MAIL ADDRESS: AKALLMAN@TMKRISK.COM
CODE: SUBCODE:
AGENCY CUSTOMER ID:
NAMED INSURED(S)
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED
TAX CODE

CARRIER
NAIC CODE
ATTENTION
POLICY NUMBER
ACCOUNT NUMBER
EFFECTIVE DATE OF CHANGE | EFFECTIVE DATE OF POLICY | EXPIRATION DATE
CHANGE BILLING PLAN TO:
☐ DIRECT ☐ AGENCY

COLUMNS INDICATED WITH AN ASTERISK * ARE INTENDED FOR "TYPES OF CHANGE" CODES. PERMISSIBLE "TYPE OF CHANGE" CODES ARE:
A - ADD C - CHANGE D - DELETE
I - INFORMATION ONLY (NO CHANGE)

GARAGING ADDRESS (from ACORD 88)

*	LOC	VEH	STREET	CITY	COUNTY	STATE	ZIP + 4

VEHICLE DESCRIPTION / USE

*	VEH	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	REG TO DRV #	HP/CC	DATE LEASED	DATE PURCH	NEW/ USED

VEH	COST NEW	SYMBOL AGE GRP	COMP / OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)					

VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES

VEHICLE COVERAGES (excluding NO FAULT)

COVERAGES		*	VEH #:				*	VEH #:			
SINGLE LIMIT LIAB (CSL)			$	EA ACCIDENT				$	EA ACCIDENT		
BODILY INJURY LIAB			$	EA PERSON	$	EA ACCIDENT		$	EA PERSON	$	EA ACCIDENT
PROPERTY DAMAGE LIAB			$	EA ACCIDENT	$	DEDUCTIBLE		$	EA ACCIDENT	$	DEDUCTIBLE
MEDICAL PAYMENTS			$	EA PERSON				$	EA PERSON		
UNINSURED MOTORIST	CSL / BI		$	EA PERSON	$	EA ACCIDENT		$	EA PERSON	$	EA ACCIDENT
					OPTION:					OPTION:	
	PD		$	EA ACCIDENT				$	EA ACCIDENT		
UNDERINSURED MOTORIST	CSL / BI		$	EA PERSON	$	EA ACCIDENT		$	EA PERSON	$	EA ACCIDENT
					OPTION:					OPTION:	
	PD		$	EA ACCIDENT				$	EA ACCIDENT		
COMP / OTC			$	DEDUCTIBLE	OPTION:			$	DEDUCTIBLE	OPTION:	
COLLISION			$	DEDUCTIBLE	OPTION:			$	DEDUCTIBLE	OPTION:	
ACV UNLESS AMT STATED			$	LIMIT				$	LIMIT		
TOWING & LABOR			$	LIMIT				$	LIMIT		
TRANS EXP / RENTAL RE			$	EA DAY	$	MAXIMUM		$	EA DAY	$	MAXIMUM

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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ADDITIONAL VEHICLE COVERAGES (including NO FAULT)

*	VEH	CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS	
				$		$		
				$		%		
				$		$		
				$		%		
				$		$		
				$		%		
				$		$		
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				$		$		
				$		%		
				$		$		
				$		%		
				$		$		
				$		%		

DRIVER INFORMATION

*	#	NAME (AS IT APPEARS ON LICENSE)			SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH
		FIRST NAME	MIDDLE NAME	LAST NAME				

#	OCCUPATION	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

ACCIDENTS / CONVICTIONS- IF DRIVER ADDED (Note: Your driving record is verified with the state motor vehicle department & other insurers)

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS? **Y / N** IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.

DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE

GENERAL INFORMATION (Explain all "YES" responses)

IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1- 3 and 8. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4- 8 — Y / N

1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?

VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER

2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans/pickups)

VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST
		$			$

3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)

VEH #	DESCRIPTION	VEH #	DESCRIPTION

4. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?

DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)

5. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?

DRV #	SUSPENSION PERIOD	EXPLANATION	REINSTATEMENT DATE
	Start Date: End Date:		

6. ANY DRIVER HAVE PHYSICAL / MENTAL IMPAIRMENT? (Not applicable in WI)

DRV #	DESCRIPTION OF SPECIAL EQUIPMENT	MEDICATION / TREATMENT

GENERAL INFORMATION (continued) (Explain all "YES" responses)

IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1- 3 and 8. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4- 8			Y / N
7. ANY FINANCIAL RESPONSIBILITY FILING?			
DRV #	REASON FOR FILING	FILING DATE	
8. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? **(Missouri Applicants - Do not answer this question)**			
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED		

ADDITIONAL INTEREST

☐ ADD ☐ CHANGE ☐ DELETE

INTEREST	NAME AND ADDRESS RANK: _____	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED		VEHICLE:	LOCATION:
☐ LIENHOLDER			
☐ LOSS PAYEE			
☐ OWNER			
☐ REGISTRANT			
	REFERENCE / LOAN #:		

ADDITIONAL INTEREST

☐ ADD ☐ CHANGE ☐ DELETE

INTEREST	NAME AND ADDRESS RANK: _____	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED		VEHICLE:	LOCATION:
☐ LIENHOLDER			
☐ LOSS PAYEE			
☐ OWNER			
☐ REGISTRANT			
	REFERENCE / LOAN #:		

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER