

AUTOMOBILE CHANGE REQUEST **Personal Auto** **Commercial Auto** **Garage**

CHANGE EFFECTIVE MO DAY YR POLICY NUMBER AGENT'S NUMBER AGENT'S NAME

NAMED INSURED (Last Name) (First) (M. I.) MO/DAY/YR POLICY PERIOD TO MO/DAY/YR

D/B AS

CHANGE NAMED INSURED Correct Name to *Delete Name Below *Transfer of Interests to Name Below Add Name Below
 *Endorsement cannot be issued unless Transfer of Interests section is completed on Page 2.
 (Exception—Transfer of interests not required for addition of surviving spouse who has been a driver.)
 Complete and attach Driver Questionnaire for the name added

CHANGE ADDRESS (Check Mail One) Location No. Street City Fire District Rate Terr. State Zip County Twp. City/Co. Code Tax Code

LIENHOLDER, ADDITIONAL INSURED, CERTIFICATE HOLDER, THIRD PARTY DESIGNEE
 Eliminate This Lienholder Add'l Insured Cert. of Ins. Third Party Designee (NY) As Respects Yr.—Make
 Add This Lienholder Add'l Insured Cert. of Ins. Third Party Designee (NY) As Respects Yr.—Make
 Address

CANCEL COMPLETE Cancel Because—See reasons and codes for cancellation on page 2 and enter code here Requested By

CHANGE RATING CLASS Year—Make From To Miles to Work—One Way Annual Mileage Complete Driver Questionnaire for any new driver

DISCOUNTS/WAIVERS
 Multi Policy (Applicable States) MD—Superior Customer Discount A=Active Non-Disabling including VIN Etching P=Passive Non-Disabling
 Home: Policy No. _____ NY—Daytime Running Lights N=No Device L=Alarm 2=Active Disabling 3=Passive Disabling
 Life: Policy No. _____ NY—Waive OBEL NY—Waive SUM PA—Act 6 Checklist (See Page 2)
 Multi Car MD—Waive PIP (Attach Waiver)
 Driver Training Verified Age 55 and Older Discount (See Page 2)
 Perc
 Driver Improvement (IL,NY,OH,PA,TN,VA) Date(s) Completed _____
 Anti-Theft ILLINOIS A=Active Ignition Cut-off Switch B=Active Alarm C=Window VIN Etching
 D=Passive Alarm E=Active Alarm w/Forced-action Promoter to Set Alarm
 F=Ignition Replacement Lock G=Passive Alarm w/Motion Detector
 H=Passive Fuel Cut-off Switch J=Passive Ignition Cut-off Switch
 Passive Restraint Discount? 1=One Airbag 2=two Airbags N=No Discount Applied B=Passive Belts (Not in NC)
 Anti-Lock Brake Discount? 2-Wheel Factory Installed (NY Only) Y N Y N Y N Y N
 4-Wheel Factory Installed Y N Y N Y N Y N
 College Student Discount Y N Y N Y N Y N
 Youthful Driver Discount? (Not NY) Y N Y N Y N Y N
 Reduced Usage Discount? / / to / / Y N Y N Y N Y N
 Pay Plan Discount? YES NO
 NY-Photo Inspection W=Waived C=Completed W C W C W C W C

COMMERCIAL VEHICLES Occupation (As Respects Vehicle) Radius of Operations Describe Use

ADD VEHICLE DESCRIBED BELOW CANCEL VEHICLE DESCRIBED BELOW TRANSFER TO VEHICLE DESCRIBED BELOW
 Show Coverages, Discounts, Rating Class, etc. Because From

YR.	MAKE / MODEL	V. I. N.	YOUR COST- COST NEW-	Priv. Pass All Others	DATE PUR.** Mo/Day/Yr	N U	MILEAGE		RATE CLASS		TRUCKS
							Work One Way	Annual	Pri- mary	Sec- ondary	G.V.W. - Gal. Cap. Seating Cap.
									000		

CONTACT HOME OFFICE UNDERWRITING BEFORE BINDING COVERAGE ON ANY VEHICLE NOT TITLED TO NAMED INSURED.
 GIVE DETAILED INSTRUCTIONS HERE (Use back if necessary) **IF DATE PURCHASED IS DIFFERENT THAN CHANGE EFFECTIVE DATE, EXPLAIN WHY BELOW.



Signature of Named Insured (If Agency requires) Name of Person Completing this Form (If not Agency, Identify Yourself.) (Print)

POLICYHOLDER NAME (Print) _____	POLICY NUMBER _____
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TRANSFER OF INTERESTS Dated _____ **TO THE** _____

You are hereby authorized

ERIE INSURANCE EXCHANGE:
 ERIE INSURANCE COMPANY:
 ERIE INSURANCE PROPERTY & CASUALTY COMPANY:
 ERIE INSURANCE COMPANY OF NEW YORK:

and directed to transfer all of the Named Insured's interests in Policy # _____ To _____

_____ such change to be effective as of _____ (Date)

TRANSFER OF INTERESTS (REGULAR)	TRANSFER OF INTERESTS (DECEASED)
Signed _____ (Seal)	ESTATE OF _____ (Seal)
Signed _____ (Seal)	By: _____ (Administrator) _____ (Executor)
	Strike out title if not used. If neither has been appointed, strike out both titles and person in charge of Estate sign above.

AGE 55 AND OLDER DISCOUNT			
(Applicable at renewal following Driver's 55th birthday)			
YEAR	VEHICLE DESCRIPTION MAKE	PRINCIPAL DRIVER'S NAME	BIRTH DATE

COMPLETE CANCELLATION CODES	
(Enter Code in "CANCEL COMPLETE" Section on Page 1.)	
CODE	REASON FOR CANCELLATION
PAD _____	Named Insured Deceased
Named Insured's Request Because:	
PSP _____	Sold
PIR _____	Purchased other insurance
PCV _____	Coverage rewritten (If available, give ERIE rewritten Policy # in "DETAILED INSTRUCTIONS" area on other side.)
PEX _____	Coverage rewritten (Company policy rewritten in Exchange)
PME _____	Moved to another state
PMD _____	Moved to another part of state
PNB _____	No longer in business
PCH _____	Cost too high
PDC _____	Duplicate coverage
PNT _____	Coverage not needed (Car too old, etc.)
PVI _____	Vehicle inoperable
PBC _____	Other company—better coverage
PMG _____	Coverage added to spouse's policy
PPS _____	Lack of proper service
POF _____	Financial difficulty or out of work
PUB _____	Billing plan unacceptable
PIF _____	Reason unspecified or insured dissatisfied
PIO _____	Other (show reason in "DETAILED INSTRUCTIONS" area on other side)

PA ACT 6 CHECK LIST
OPTIONS, REJECTIONS AND WAIVERS THAT MUST BE OFFERED
You must list under "DETAILED INSTRUCTIONS" on page 1 whatever the Named Insured chooses. Retain proper forms.
<input type="checkbox"/> Tort Option: <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> Rejection of Uninsured Motorists <input type="checkbox"/> Rejection of Underinsured Motorists <input type="checkbox"/> Rejection of Stacked Limits of Uninsured Motorists <input type="checkbox"/> Rejection of Stacked Limits of Underinsured Motorists <input type="checkbox"/> Selection of Lower Uninsured Motorists Limits <input type="checkbox"/> Selection of Lower Underinsured Motorists Limits <input type="checkbox"/> Waiver of Income Loss <input type="checkbox"/> Waiver of Funeral Benefits <input type="checkbox"/> Waiver of \$500 Deductible Collision