

CENTENNIAL INSURANCE GROUP

6901 SOUTH PIERCE STREET #233
LITTLETON, CO 80128
PHONE: #720-962-8700 OR 1-866-962-8700
FAX: #720-962-8800

NAME OF COMPANY: _____

NOTICE OF CHANGE OF VEHICLE

Date of change: _____ Purchased/Leased: _____ Date

PLEASE ADD THE FOLLOWING UNIT:

Year _____ Make _____

Model _____ Body Style _____

VIN# _____ Weight (GVW or GCW) _____

Titled to _____ Garaged at _____

Purchased or Leased: From _____

Address _____

New List Price _____

Coverage/Liability Only: Y or N Full coverage: Y or N

Use: Business: Y or N Personal: Y or N

On file: Y or N Deductibles: _____ Comprehensive _____ Collision

New Driver: Y or N Drivers Name: _____

Birthdate: _____ D.L.# _____ State _____

PLEASE DELETE THE FOLLOWING UNIT:

Year: _____ Make: _____ Model: _____ Last 3 of VIN: _____

Signature: _____ Date: _____