



ATLAS INSURANCE AGENCY  
201 Merchant St., Suite 1100  
Honolulu, HI 96813

INSURANCE AGENCY WWW.ATLASINSURANCE.COM

## REQUEST FOR POLICY CHANGE

Home Office \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_ Change Effective: \_\_\_\_\_

### AUTOMOBILE

☐ Add \_\_\_\_\_ ☐ Delete \_\_\_\_\_

Year	Make	Body-Type	Serial Number		Cost New	
Usage	Miles one way work/ school	Annual Mileage	Sym/Age	Terr.	Purchase Date (N/U)	Car Modified?

Liability Limits: \_\_\_\_\_

Physical Damage Coverage: \$ \_\_\_\_\_ Ded. Comp. \$ \_\_\_\_\_ Ded. Coll. T&L (Y/N) \_\_\_\_\_

Loss Payee & Address: \_\_\_\_\_

### OTHER LINES AND/OR CHANGES

Requested By: \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Date: \_\_\_\_\_

ATLAS INSURANCE AGENCY, INC. • 201 Merchant St., Suite 1100 Honolulu, HI 96813

..... FOR AGENCY USE ONLY.....

Action Item # \_\_\_\_\_

Action Date \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date \_\_\_\_\_

REV 07/19