



Hancock & Associates, Inc

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Change Request

Name of Insured: _____ Certificate #: _____

Effective Date: _____

Name Change: _____

Address Change: _____

City/State: _____ Zip: _____

Coverage Change:

Add Remove Change Limit (Designate vehicle/driver information below for PD & NTL additions.)

Type*: _____

* Separate application required when adding GL, Property, Occ/Acc, Cargo, and/or Passenger Accident.

Cancel

Reason: Delinquent Payments Left Trucking Industry Pricing

Service Related Other _____

Vehicle Change:

Add Remove Change Value

Year: _____ Make: _____ Model: _____

VIN#: _____ Value: _____

Commodity Hauled: _____

Leinholder: _____ Phone #: _____

Address: _____ City/State: _____ Zip: _____

Driver Change:

Add - Name: _____ DOB: _____ DOH: _____
DL#: _____ State: _____ Years Exp: _____

Name: _____ DOB: _____ DOH: _____

DL#: _____ State: _____ Years Exp: _____

Remove - Name: _____ DOB: _____

Name: _____ DOB: _____

Lease Company **Leinholder Change:**

Add Remove Change

Company: _____ Phone #: _____

Address: _____ City/State: _____ Zip: _____

Commodity Hauled: _____

Other: _____

i.e., additional insured, change of commodity hauled, beneficiary, etc.

Agency Name: _____ Agent Name: _____

Signature: _____ Date: _____