

Fax Transmittal Cover Sheet

Date: _____ Time Sent: _____

To: The Ware Company
Attn: _____
Fax: #671-9073

From:

Person Requesting: _____

Request for Change

Effective date: _____

ADD/DELETE Vehicle or Equipment:

(Complete information is needed only for vehicle or equipment additions. For deletions only the year, make, model and vehicle id # are required)

Year: _____ Make: _____ Model: _____

VIN#: _____ Garaged: _____

Cost New: _____ Radius of use: _____ GVW: _____

Coverage's:

Medical Payments (Y/N) Comprehensive (Y/N)

Collision (Y/N) Other: _____

Lienholder: _____

Certificate of insurance needed? (Y/N)

Comments: _____
