Dunvegan Gardens (AB) Ltd.
VEHICLE CHANGE FORM

DATE OF CHANGE: _____

TYPE OF CHANGE: *Adding Y* *Deleting Y*

YEAR/MAKE/MODEL: _____

SERIAL NUMBER: _____

Complete the following only if adding a vehicle:

LOCATION OF VEHICLE: _____

REGISTERED OWNER: _____

PROVINCE OF REGISTRATION: _____

DRIVER: _____

NOTE: IF THIS IS A NEW DRIVER, PLEASE ATTACH A COMPLETED & SIGNED AUTHORIZATION FORM

LIST PRICE NEW: $_____

ATTACHED EQUIPMENT (DESCRIBE): _____

ATTACHED EQUIPMENT VALUE: $_____

☐ ***LOSS PAYABLE:*** OR ☐ ***LESSOR:***

(Please provide full name and address)

_____

_____

USE OF VEHICLE: ☐ BUSINESS USE - _____ (describe)

Please check off the boxes below if confirmation of insurance is required to be faxed to your office:

☐ ***Pink Card*** ☐ ***Confirmation Letter***

.

Vehicles added to the policy will be added according to policy coverages

---

SIGNATURE:_____

PRINTED NAME: _____

DATED: _____

PLEASE FAX TO: **LLOYD SADD INSURANCE BROKERS LTD.**
ATTENTION: Christy Sichkaryk
FAX NO: 484-5727