

**FAX OR EMAIL VEHICLE REQUEST CHANGE FORM**

DATE \_\_\_\_\_

TO: **CINDY ELBERT INSURANCE SERVICES**  
FAX: **(602) 942-4300**  
EMAIL: **INFO@AMBULANCEINSURANCE.COM**

FROM:

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**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

**ADD A VEHICLE**

**DELETE A VEHICLE**

YEAR/MAKE/MODEL \_\_\_\_\_ UNIT# \_\_\_\_\_

VIN# \_\_\_\_\_

TODAY'S VALUE OF VEHICLE  
\_\_\_\_\_

GARAGING LOCATION \_\_\_\_\_

USE OF VEHICLE \_\_\_\_\_  
(AMBULANCE, WHEELCHAIR VAN, SERVICE, ETC.)

**PHYSICAL DAMAGE**

**LIABILITY ONLY**

LIENHOLDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

ATTN. \_\_\_\_\_

LOAN/LEASE# \_\_\_\_\_

**THIS FORM IS FOR REQUESTS ONLY**  
**No changes can be made without Insurance Company approval**

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\*FOR OFFICE USE ONLY\*

**APPROVED**

**DATE:** \_\_\_\_\_

**FAX OR EMAIL CERTIFICATE OF INSURANCE REQUEST FORM**

DATE \_\_\_\_\_

TO: **CINDY ELBERT INSURANCE SERVICES**  
FAX: **602-942-4300**  
EMAIL: **INFO@AMBULANCEINSURANCE.COM**

FROM:

\*\*\*\*\*

**CERTIFICATE HOLDER:**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ATTN: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

Verification  Additional Insured  Loss Payee  Mortgage

Coverage:  General Liability  Prof. Liability  Auto Liability  Auto Phy Damage

AS RESPECTS TO: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

Cancellation Clause  10 days  30 days

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**APPROVED**      **DATE:** \_\_\_\_\_

