



Business • Auto • Home  
Life • Health • Disability  
Long Term Care • Retirement Plans



# DOWNSD & ASSOCIATES

Insurance Specialists

COUNTS Financial Services

131 Elden Street, Suite 300  
Herndon, VA 20170

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*This is an interactive PDF form. You may fill it out with Adobe Acrobat and submit it, or you may print it out, and fax it back.*

## Vehicle/Equipment Change Form - Commercial

Company Name

Requested by (if not insured)

Phone Number

Email

Fax

Check one. Addition of vehicle/equipment insured by: Erie      Progressive      Travelers      Other

Date of Purchase      (exact date to avoid DMV penalty)

Year, Make, Model

VIN/Serial #      (17 characters)

Cost When New (approx) \$      GVW (commercial only)

Full Coverage Yes      No      **OR**      Liability only Yes      No

Loan/lease Gap Coverage includes 2 year replacement Yes      No

Name of Lienholder

Address

City

State

Zip

### Deletion of Vehicle/Equipment

Date Sold/Traded      (exact date to avoid DMV penalty)

Year, Make, Model

Last 6 Digits of VIN Serial #

Send form to Downs & Associates, Inc.

Email: [lmecca@downs-insurance.com](mailto:lmecca@downs-insurance.com) / Fax: 703-834-3159

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