

MIIA Member Services

12 Gill Street, Suite 1600
Woburn, MA 01801
Phone (800) 526-6442
Fax (781) 376-9907

AUTOMOBILE CHANGE REQUEST FORM

TRANSFER DEPARTMENTS

MIIA MEMBER: _____

1) VEHICLE TO BE TRANSFERED: (Attach New Registration) Effective Date of Change: _____

Year	Make	Model	Vehicle Identification #	Old Vehicle #

Old Plate #	Old Department	New Plate #	New Department	Physical Damage Valuation (Indicate one)
				<input type="checkbox"/> Actual Cash Value (4) <input type="checkbox"/> Replacement Cost Value (5)

A. Please indicate desired Physical Damage Coverage and Deductibles:

Physical Damage Coverage	Deductible Options		
<input type="checkbox"/> COMPREHENSIVE (Fire, Theft, Vandalism, Glass...)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Other _____
<input type="checkbox"/> COLLISION	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Other _____
<input type="checkbox"/> TRANSFER COVERAGES			

B. Is Medical Payments Coverage Desired?

Yes No

**If the vehicle is leased, please include a copy of the lease agreement.
Is a Loss Payee and/or Additional Insured being requested?**

Please check: Additional Insured:

Loss Payee:

Name: _____

Address: _____

MIIA Member Authorized Signature

Date

Name & Title (please print)

Telephone Number

NOTICE: To insure proper and accurate coverage, this form must be completed entirely.

(INSTRUCTIONS ARE ON REVERSE SIDE)

MIIA AUTOMOBILE CHANGE REQUEST

INSTRUCTIONS

- (1) **For buses and vans** (only), please include number of passengers capacity of the vehicle being added to the fleet schedule.
- (2) **Gross Weight**: If the vehicle is not a private passenger type vehicle, please indicate Gross Vehicle Weight (GVW) or Gross Combined Weight (GCW). (This would apply for all trucks.)
- (3) **Cost New**: The Cost New of a vehicle is the original sales price paid by the original owner. Cost New is **required** if you are requesting **automobile physical damage** coverage.
- (4) **Actual Cash Value**: A valuation method which deducts depreciation from the replacement cost value.
- (5) **Replacement Cost**: A valuation method which replaces old items and parts for new items and parts. Certain criteria must apply for a vehicle to be eligible for this option. Replacement cost may be updated upon renewal to meet current replacement cost valuation, which may result in an increase in premium.

For determination of existing vehicle coverage, either Replacement Cost or Actual Cash Value, please refer to your MIIA Automobile Fleet Schedule.

Coverage Description:

- (6) **Comprehensive**: Includes coverage for fire, theft, vandalism, flood, glass breakage and many other types of damages, but not collision. Deductibles will apply.
- (7) **Specified Perils**: Limited to fire, lightning, explosion, theft, windstorm, hail, earthquake, flood, and vandalism perils. Deductibles will apply.
- (8) **Collision**: Pays for damage to your vehicle from collision regardless of fault. Deductibles will apply.

Refer to your Fleet Schedule for deductible amounts.

- (9) **Medical Payments**: Pays medical expenses of injuries to others while occupying your auto, excess of Personal Injury Protection. A \$5,000 limit will apply, but higher optional limits are also available for eligible vehicles.

Special Instructions:

As a reminder, if you are adding a new vehicle, please include a copy of vehicle registration, RMV-1.

These instructions are intended to assist you while making changes to your MIIA Automobile Fleet Schedule. As always, coverage is subject to the MIIA automobile contract language, terms, conditions and endorsements.

Please return this form to:

***MIIA Member Services
12 Gill Street, Suite 5500
P.O. Box 4043
Woburn, Ma 01888-4043
Fax: (781) 376-9907***

NOTE: To assist you while completing this form, please reference your MIIA Automobile Fleet Schedule.