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INSURANCE • FINANCIAL SERVICES • EMPLOYEE BENEFITS • RISK MANAGMENT

Update Vehicle Information Add/Delete Physical Damage Coverage

Date:	Policy No.:	
Insured's Last Name:_		First Name:
Vehicle Information:		
Year: N	lake:	Model:
VIN #:		
Please filll out one o	f the following:	
1. I wish to □ add □ mentioned vehicle, eff	delete new compreherective	nsive and collision coverage to the above-
Collision deductible \$	C	comprehensive deductible \$
2. I wish to change ex	cisting coverage to the	above-mentioned vehicle, effective
Collision deductible:]Add	Comprehensive deductible: ☐ Add ☐ Subtract
Amount: □ \$250 □ \$500 □ \$1000 □ \$2500		Amount: □\$250 □\$500 □\$1000 □\$2500
Insured's signature:		Date signed:
Please note photos ar	e required and must be	taken by AEIFS to add coverage.

IMPORTANT: No changes are effective until you receive written confirmation from one of our representatives as well as the insurer.

AEIFS, Inc. accepts policy change and bind requests via email and fax but the receipt thereof does not constitute coverage. Email and fax communications are not 100% reliable. It is the responsibility of the insured to confirm that the agent has received and processed the email or faxed correspondence and bind requests. A formal acknowledgement from us will constitute proper receipt and processing of a change request or a bind order. Please keep in mind that this correspondence does not constitute acceptance of the risk or an agreement to insure, and it does not create any obligation of any kind, contractual or otherwise. Once you submit all required documentation we will review your completed application or request and if acceptable we will inform you of our decision and provide you with a binder, provided that you have submitted the required payment and all required documents.







































