



AEIFS, Inc. 3699 Wilshire Blvd., Suite 1295, Los Angeles, CA 90010
 Telephone 213.637.1870 • Facsimile 213.637.1873 • www.aeifs.com • CA License N° 0E16970
 INSURANCE • FINANCIAL SERVICES • EMPLOYEE BENEFITS • RISK MANAGEMENT

Date: _____ Policy #: _____
 Insured's Last Name: _____ First Name: _____
 Contact No(s): _____ Best Time of Day to Contact: _____
 Email Address: _____

ADD VEHICLE REQUEST

Year: _____ Make: _____ Model: _____ New Used
 Vehicle Identification Number (VIN): _____
 Current Odometer Reading: _____
 Registered Owner: _____
 Principal Driver (if other than Insured): _____
 Vehicle Use: Commute to Work/ School Business Pleasure Transportation Network
 Garaging Address: _____

This Vehicle is: Financed Leased Owned Purchased: New Used

Date of Purchase / Lease: _____ Purchase/Lease Price: \$ _____

Odometer: _____ miles
 Does the vehicle have non-factory equipment? _____

Loss Payee (Financial Institution) Name and Address:

Please state the type and amount of coverage needed. If you are requesting coverage that is different than existing, specify below.

Please fax or e-mail Purchase or Lease Agreement: Fax: (213) 637-1873 Email : info@aeady.com

Insured's Signature: _____ Date: _____

REMOVE VEHICLE REQUEST

Year: _____ Make: _____ Model: _____

Vehicle Identification Number (VIN): _____

Reason for Removing Vehicle: Sold Inoperable Trade in Total Loss

Insured's Signature: _____ Date: _____

_____/____

Will the vehicle usage change?

_____/____

Will this vehicle be used in business including but not limited to visiting customers or Vendors?

_____/____

Other than for Transportation Network purposes if coverage is provided under our policy, will any vehicle be used for the transportation of persons for hire or for any delivery purposes, such as food, newspaper, magazines, or any other product or material?

_____/____

Does Mercury insure all vehicles owned, operable or inoperable, by the named insured or resident spouse?

_____/____

Is the ownership or leasehold acquired solely by the named insured (including resident spouse) and/or resident relative listed as a driver in the declarations?

- I understand that no changes are effective until I receive a written confirmation from AEIFS as well as the insurer.
- By checking this box and signing my name below, I acknowledge that all the information provided is accurate and that I agree with the conditions below.

Print First and Last name of person completing form.

First Name: _____

Last Name: _____

City: _____

Effective Date: _____
(may not be earlier than submission date of the form)

X _____
(signature of person completing form)

Please submit all forms to: info@aedly.com / Fax (213) 637-1873

AEIFS 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 or applicant to confirm that the agent has received and processed the emailed or faxed correspondence and bind requests. A formal acknowledgement from us or insurer 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 submission and if acceptable we will inform you of our decision and forward a binder to you, provided that you have submitted the required payment and all required documents.

