



Fax Transmittal Cover Sheet

Date: _____ Time Sent: _____

To: The Ware Company

Attn: _____

Fax: #757-671-9073 or e-mail to wareco@wareinsurance.com

From:

Person Requesting: _____

Request for Change

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Effective date: _____

ADD/DELETE Vehicle or Equipment:

(Complete information is needed only for vehicle or equipment additions. For deletions only the year, make, model and vehicle id # are required)

Year: _____ Make: _____ Model: _____

VIN#: _____ Garaged: _____

Cost New: _____ Radius of use: _____ GVW: _____

Coverage's:

Medical Payments (Y / N) Comprehensive (Y / N)

Collision (Y / N) Other: _____

Lienholder: _____

Certificate of insurance needed? (Y/ N)

Comments: _____
