



AMERICAN TRANSIT INSURANCE COMPANY (036)
ENDORSEMENT REQUEST - CAR SERVICE & CAP PROGRAM

PRODUCER CODE	PRODUCER	DATE OF APPLICATION		
THE001	The Friendly Group Ltd			

SYMBOL	POLICY NUMBER	INSURED		
	CAP612659	Carmel Taxi & Car Service Inc		

CHANGE OF ADDRESS

EFFECTIVE DATE				
STREET ADDRESS				
CITY	STATE	ZIP	PHONE #	

A COPY OF A UTILITY BILL, (GAS, TELEPHONE, CABLE, ETC.) MUST BE ATTACHED.

ADD CHANGE DELETION OF DRIVER

EFFECTIVE DATE	CURRENT SYMBOL	NEW SYMBOL

DRIVER BEING DELETED

NEW DRIVER	DRIVERS LICENSE #		
STREET ADDRESS			
CITY	STATE	ZIP	PHONE #
NEXT OF KIN (OTHER THAN SPOUSE)	RELATIONSHIP TO INSURED		
STREET ADDRESS			
CITY	STATE	ZIP	PHONE #

COPY OF DMV REPORT, DRIVERS LICENSE, HACK LICENSE, COMPLETED DRIVERS AFFIRMATION AND PROOF OF ADDRESS MUST BE SUBMITTED FOR EACH NEW DRIVER.

AS THE OWNER/DRIVER OF THIS POLICY I UNDERSTAND THAT IF I CHANGE MY ADDRESS I WILL NOTIFY THE PRODUCER AND/OR THE INSURANCE COMPANY. I WILL ALSO NOTIFY MY PRODUCER AND/OR THE INSURANCE COMPANY OF ANY DRIVER CHANGES ON THIS POLICY

SIGNATURE OF INSURED		DATE			
SIGNATURE OF NEW DRIVER		DATE			
PRODUCERS SIGNATURE		DATE			