

**POLICY CHANGE FORM - TEXAS AUTOMOBILE INSURANCE PLAN ASSOCIATION
SEND TO ASSIGNED COMPANY**

COMPLETE APPLICABLE SECTIONS

POLICY INFORMATION	Insurance Company Name				Policy Number				TAIPA Binder Number (if no policy number)							
	<input type="checkbox"/> Cancel Policy <input type="checkbox"/> Change Policy				Effective Date of Change _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>											
	Insureds Name				If changed - Address				City		State	Zip Code				
	Producers Name				If changed - Address				City		State	Zip Code				
VEHICLES	<input type="checkbox"/> ADD <input type="checkbox"/> REPLACE		Veh. #	Year	Make	Model/Style/CC for Motorcycle	Rate-Class	<input type="checkbox"/> ADD <input type="checkbox"/> REPLACE		Veh. #	Year	Make	Model/Style/CC for Motorcycle	Rate-Class		
	Vehicle Identification Number							Vehicle Identification Number								
	<input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School		Miles to Work/School One Way _____		Estimated Annual Mileage _____		<input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School		Miles to Work/School One Way _____		Estimated Annual Mileage _____					
	Garaging County		Garaging Zip		Principal Operator				Garaging County		Garaging Zip		Principal Operator			
	Territory	State Reg. in	Vehicle Registered to		License Plate Number	Purchase Date		Territory	State Reg. in	Vehicle Registered to		License Plate Number	Purchase Date			
	*GVW	*Radius	*Seating	*Description of Use				*GVW	*Radius	*Seating	*Description of Use					
	*COMPLETE FOR COMMERCIAL VEHICLES ONLY															
	<input type="checkbox"/> DELETE VEH# _____		Year	Make	Model/Style/CC for Motorcycle	Vehicle Identification Number										
	Veh. #	BI/PD	PIP		UM/BI		UM/PD		DOES ADDED/REPLACEMENT VEHICLE HAVE EXISTING DAMAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. # _____ If yes, explain in remarks below.				DOES ADDED/REPLACEMENT VEHICLE HAVE PASSIVE RESTRAINTS/AIRBAG? <input type="checkbox"/> Driver Only Veh. # _____ <input type="checkbox"/> Both Sides Veh. # _____			
	A-Add D-Delete	Operator Name		Relationship to Applicant	Principal Operator	Veh No.	Birth Date Mo Day Yr	Sex M-F	M/S*	Driver's License # or Permit # If not Licensed, Explain Why in Space			State	Occupation		
* M/S (Marital Status) = S-Single M-Married W-Widowed D-Divorced REASON NOT LICENSED																
Has the added driver been involved in a motor vehicle accident, resulting in damage to any property of another, or in bodily injury or death during the last 36-month period? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES"																
NAME OF DRIVER				PLACE OF ACCIDENT				DATE OF ACCIDENT		EXCEPTION NUMBER*						
1.																
2.																
*SEE RULE 9 IN THE TAIPA RULES AND RATING MANUAL FOR EXCEPTIONS TO ADDITIONAL CHARGES																
Has the added driver been convicted of any offense arising out of the operation of any motor vehicle, except those excluded under the rule for additional charges applicable to the Texas Automobile Insurance Plan Association, during the last 36-month period? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" complete the following:																
NAME OF DRIVER				PLACE OF VIOLATION				DATE OF CONVICTION		TYPE OF VIOLATION						
1.																
2.																
REMARKS																
<hr/> <hr/> <hr/>																

(Producer Signature)

(TDI ID Number)

(Insured Signature)

(Date)