



AUTO CHANGE REQUEST FORM

PresbyterianOne

Date: _____

Church Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Person Requesting: _____ Title: _____

A. Change Request: **Add Auto** **Delete Auto** **Correct Current Data**

1. Effective Date of Change: _____

2. Year, Make, & Model: _____

Vehicle ID No.: _____

GVW (Gross Vehicle Weight): _____

3. No. of Passengers (incl. driver): _____

4. Cost New: \$ _____

5. Auto Registration in the name of church?: Yes No

***All Vehicles MUST BE registered in the name of the church**

*** All drivers must have a valid drivers license and have current auto insurance**

*** Recommended driving age - 25 to 70 years of age**

*** Please provide an updated drivers list to Heffernan Insurance Brokers**

Fax to Heffernan Group/Church Unit (925) 934-8278