



STAR Insurance Services of Texas, Inc.

A division of the Steven L. Thomas Agency, Inc.

Auto Change Request

Request date ___/___/___ From: _____ Call back phone ___ - ___ - ___

Insured (Company Name) _____

Add Auto:

Effective Date ___/___/___

Purchase Short Term Lease Long Term Lease
Circle one of above

_____ \$ _____
Year Make/Model Vin Number Cost New

Titled in name of _____ Use _____

Primary Driver _____ Are they on the policy Listed? _____

Loan/Lender name: _____ Acct Number _____

Address of Lender _____ City _____ St _____ Zip _____

Coverage Desired Check Please ___ Liability ___ PIP ___ UM ___ Comp ___ SCL ___ Coll

Email Proof of Coverage to _____ @ _____

Fax Proof of Coverage to _____ Attn _____

Delete Auto:

Effective Date ___/___/___

_____ \$ _____
Year Make/Model Vin Number

Loan/Lender name: _____ Acct Number _____

If you have any questions, please call 972-625-9777

FAX TO 972-625-9778