

<input type="checkbox"/> <b>AUTOMOBILE CHANGE REQUEST</b>												<input type="checkbox"/> <b>Personal Auto</b>				<input type="checkbox"/> <b>Commercial Auto</b>				<input type="checkbox"/> <b>Garage</b>					
CHANGE EFFECTIVE				POLICY NUMBER								AGENT'S NUMBER				AGENT'S NAME									
MO		DAY		YR																					
<b>NAMED INSURED</b>		(Last Name)						(First)						(M. I.)		MO/DAY/YR		<b>POLICY PERIOD</b>		MO/DAY/YR					
<b>D/B AS</b>																									
<b>CHANGE NAMED INSURED</b>		<input type="checkbox"/> Correct Name to				<input type="checkbox"/> *Delete Name Below				<input type="checkbox"/> *Transfer of Interests to Name Below				<input type="checkbox"/> Add Name Below				Complete and attach Driver Questionnaire for the name added							
*Endorsement cannot be issued unless Transfer of Interests section is completed on Page 2. (Exception—Transfer of interests not required for addition of surviving spouse who has been a driver.)																									
<b>CHANGE ADDRESS</b>		No.		Street						City		Fire District		Rate Terr.		City/Co. Code		City/Co. Code		Tax Code					
(Check <input type="checkbox"/> Mail One) <input type="checkbox"/> Location		State		Zip		County				Twp.															
<b>LIENHOLDER, ADDITIONAL INSURED, CERTIFICATE HOLDER, THIRD PARTY DESIGNEE</b>		<input type="checkbox"/> Eliminate This				<input type="checkbox"/> Lienholder				<input type="checkbox"/> Add'l Insured				<input type="checkbox"/> Cert. of Ins.				<input type="checkbox"/> Third Party Designee (NY)				As Respects Yr.—Make			
		<input type="checkbox"/> Add This				<input type="checkbox"/> Lienholder				<input type="checkbox"/> Add'l Insured				<input type="checkbox"/> Cert. of Ins.				<input type="checkbox"/> Third Party Designee (NY)				As Respects Yr.—Make			
		Address																							
<b>CANCEL COMPLETE</b>		<input type="checkbox"/> Cancel Because—See reasons and codes for cancellation on page 2 and enter code here												Requested By											
<b>CHANGE RATING CLASS</b>		Year—Make				From				To				Miles to Work—One Way				Annual Mileage				Complete Driver Questionnaire for any new driver			
		Year—Make				From				To				Miles to Work—One Way				Annual Mileage							
<b>DISCOUNTS/WAIVERS</b>		<input type="checkbox"/> Multi Policy (Applicable States)				<input type="checkbox"/> MD—Superior Customer Discount				A=Active Non-Disabling including VIN Etching P=Passive Non-Disabling				Veh. 1		Veh. 2		Veh. 3		Veh. 4					
		<input type="checkbox"/> Home: Policy No. _____				<input type="checkbox"/> NY—Daytime Running Lights				N=No Device L=Alarm 2=Active Disabling 3=Passive Disabling															
		<input type="checkbox"/> Life: Policy No. _____				<input type="checkbox"/> NY—Waive OBEL				A=Active Ignition Cut-off Switch B=Active Alarm C=Window VIN Etching															
		<input type="checkbox"/> Multi Car				<input type="checkbox"/> NY—Waive SUM				D=Passive Alarm E=Active Alarm w/Forced-action Promoter to Set Alarm															
		<input type="checkbox"/> MD—Waive PIP (Attach Waiver)				<input type="checkbox"/> PA—Act 6 Checklist (See Page 2)				F=Ignition Replacement Lock G=Passive Alarm w/Motion Detector															
		<input type="checkbox"/> Driver Training Verified								H=Passive Fuel Cut-off Switch J=Passive Ignition Cut-off Switch															
		<input type="checkbox"/> Age 55 and Older Discount (See Page 2)								Passive Restraint Discount? 1=One Airbag N=No Discount Applied															
		<input type="checkbox"/> Perc								2=Two Airbags B=Passive Belts (Not in NC)															
		<input type="checkbox"/> Driver Improvement (IL,NY,OH,PA,TN,VA) Date(s) Completed _____								Anti-Lock Brake Discount? 2-Wheel Factory Installed (NY Only)				Y N		Y N		Y N		Y N					
										4-Wheel Factory Installed				Y N		Y N		Y N		Y N					
										College Student Discount				Y N		Y N		Y N		Y N					
										Youthful Driver Discount? (Not NY)				Y N		Y N		Y N		Y N					
										Reduced Usage Discount? / / to / /				Y N		Y N		Y N		Y N					
										Pay Plan Discount? <input type="checkbox"/> YES <input type="checkbox"/> NO															
										NY-Photo Inspection W=Waived C=Completed				W C		W C		W C		W C					
<b>COMMERCIAL VEHICLES</b>		Occupation (As Respects Vehicle)				Radius of Operations				Describe Use															
<input type="checkbox"/> ADD VEHICLE DESCRIBED BELOW				<input type="checkbox"/> CANCEL VEHICLE DESCRIBED BELOW								<input type="checkbox"/> TRANSFER TO VEHICLE DESCRIBED BELOW													
Show Coverages, Discounts, Rating Class, etc.				Because _____								From _____													
				If this affects Rating Class of other vehicles, explain above.																					
<b>YR.</b>		<b>MAKE / MODEL</b>				<b>V. I. N.</b>				<b>YOUR COST-Priv. Pass All Others</b>		<b>DATE PUR.**</b>		<b>MILEAGE</b>		<b>RATE CLASS</b>		<b>TRUCKS</b>							
										<b>COST NEW-</b>		<b>Mo/Day/Yr</b>		<b>Work One Way</b>		<b>Annual</b>		<b>Pri- Sec- G.V.W. -Gal. Cap. Seating Cap.</b>							
														000											
CONTACT HOME OFFICE UNDERWRITING BEFORE BINDING COVERAGE ON ANY VEHICLE NOT TITLED TO NAMED INSURED.																									
GIVE DETAILED INSTRUCTIONS HERE																									
(Use back if necessary)																									
Signature of Named Insured (If Agency requires)												Name of Person Completing this Form (If not Agency, Identify Yourself.) (Print)													
UF-1302 1/06		Date Received		Date to H.O.		If more than 24 hrs. has elapsed explain why above.		Rec'd From A Agent		Phone Letter Office		IMPORTANT—If this request affects any other ERIE policy, please submit separate change request for that policy.													



POLICYHOLDER NAME (Print) _____	POLICY NUMBER _____
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**TRANSFER OF INTERESTS** Dated \_\_\_\_\_ **TO THE** \_\_\_\_\_

You are hereby authorized

ERIE INSURANCE EXCHANGE:  
 ERIE INSURANCE COMPANY:  
 ERIE INSURANCE PROPERTY & CASUALTY COMPANY:  
 ERIE INSURANCE COMPANY OF NEW YORK:

and directed to transfer all of the Named Insured's interests in Policy # \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ such change to be effective as of \_\_\_\_\_ (Date)

<b>TRANSFER OF INTERESTS (REGULAR)</b>	<b>TRANSFER OF INTERESTS (DECEASED)</b>
Signed _____ (Seal)	ESTATE OF _____ (Seal)
Signed _____ (Seal)	By: _____ (Administrator) _____ (Executor)
	Strike out title if not used. If neither has been appointed, strike out both titles and person in charge of Estate sign above.

<b>AGE 55 AND OLDER DISCOUNT</b>			
(Applicable at renewal following Driver's 55th birthday)			
YEAR	VEHICLE DESCRIPTION MAKE	PRINCIPAL DRIVER'S NAME	BIRTH DATE

<b>COMPLETE CANCELLATION CODES</b>	
(Enter Code in "CANCEL COMPLETE" Section on Page 1.)	
CODE	REASON FOR CANCELLATION
PAD _____	Named Insured Deceased
<b>Named Insured's Request Because:</b>	
PSP _____	Sold
PIR _____	Purchased other insurance
PCV _____	Coverage rewritten (If available, give ERIE rewritten Policy # in "DETAILED INSTRUCTIONS" area on other side.)
PEX _____	Coverage rewritten (Company policy rewritten in Exchange)
PME _____	Moved to another state
PMD _____	Moved to another part of state
PNB _____	No longer in business
PCH _____	Cost too high
PDC _____	Duplicate coverage
PNT _____	Coverage not needed (Car too old, etc.)
PVI _____	Vehicle inoperable
PBC _____	Other company—better coverage
PMG _____	Coverage added to spouse's policy
PPS _____	Lack of proper service
POF _____	Financial difficulty or out of work
PUB _____	Billing plan unacceptable
PIF _____	Reason unspecified or insured dissatisfied
PIO _____	Other (show reason in "DETAILED INSTRUCTIONS" area on other side)

<b>PA ACT 6 CHECK LIST</b>
<b>OPTIONS, REJECTIONS AND WAIVERS THAT MUST BE OFFERED</b>
You <b>must list</b> under "DETAILED INSTRUCTIONS" on page 1 whatever the Named Insured chooses. <b>Retain proper forms.</b>
<input type="checkbox"/> Tort Option: <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> Rejection of Uninsured Motorists <input type="checkbox"/> Rejection of Underinsured Motorists <input type="checkbox"/> Rejection of Stacked Limits of Uninsured Motorists <input type="checkbox"/> Rejection of Stacked Limits of Underinsured Motorists <input type="checkbox"/> Selection of Lower Uninsured Motorists Limits <input type="checkbox"/> Selection of Lower Underinsured Motorists Limits <input type="checkbox"/> Waiver of Income Loss <input type="checkbox"/> Waiver of Funeral Benefits <input type="checkbox"/> Waiver of \$500 Deductible Collision