OPCF 25A
ALTERATION
THIS FORM CHANGES YOUR AUTOMOBILE INSURANCE POLICY. THE CHANGE FORM IS ISSUED IN CONSIDERATION OF THE TOTAL ADDITIONAL OR RETURN PREMIUM STATED AND IS EFFECTIVE FROM THE DATE SHOWN.

POLICY CHANGES MADE ARE MARKED ☑

☐ Name or address of insured
☐ Substitution of automobile (auto no..................)
☐ Automobile added to policy (auto no..................)
☐ Automobile deleted from policy (auto no..................)
☐ Change in coverage or limits (auto no..................)
☐ Add Coverage (auto no..................)
☐ Deletion of coverage (auto no..................)
☐ Change in rating classification to (auto no..................)
☐ Amendment to Optional Benefits
☐ Other – describe (auto no..................)

Auto No. | Model | Body Type | No. of Cyls. | C.C. | Mfr's Gross Vehicle Weight Rating | Class | Driving Record | Surcharge + % | Discount - % | Vehicle Code | Rate Group | Location | Territory Code | Limit | Return Premium | Additional Premium

Auto No. Specify Lienholder – Name: Address:
Postal Code:

Rating Information

Insurance Coverages

Liability
Bodily Injury
Property Damage

Accident Benefits (Standard Benefits)

Optional Accident Benefits Coverage Required ☑

YES ☐ NO ☑
☐ ☐ Income Replacement ($600/$800/$1,000)
☐ ☐ Caregiver, Housekeeping & Home Maintenance
☐ ☐ Medical & Rehabilitation ($100,000)
☐ ☐ Attendant Care ($72,000)
☐ ☐ Medical, Rehabilitation ($1,100,000) & Attendant Care ($1,072,000)
☐ ☐ Death & Funeral
☐ ☐ Dependant Care
☐ ☐ Indexation Benefit (Consumer Price Index)

Uninsured Automobile

Direct Compensation-Property Damage
This policy contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation - Property Damage.

Loss or Damage
This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.

Specified Perils (excluding Collision or Upset)
Comprehensive (excluding Collision or Upset)
Collision or Upset

All Perils

Policy Change Forms (Name and OPCF No., including limit if applicable)

Return Premium | Additional Premium

Total Premium (Return / Additional)

Tax

Total Cost (Return / Additional)

All other terms and conditions of your policy remain the same.

Dated ____________________________

AUTHORIZED REPRESENTATIVE

SIGNATURE OF INSURED
(REQUIRED WHERE COVERAGE DELETED OR REDUCED)