



Private Passenger Auto Endorsement Tennessee

P. O. Box 2328 • Brentwood, TN 37024-2328 • (877) 384-7466

Underwritten by:
Alfa Vision & Alfa Specialty Insurance Corporation

Submit completed form via document upload at www.alfapolicy.com or via fax at (877)684-7466

Please consult the agency manual for underwriting rules.

Agent	Agency Code _____	Check here if information is NEW <input type="checkbox"/>
	Agency Name _____	
Policy	Policy # _____	Mailing Address _____
	Named Insured _____	City _____ County _____ State _____ Zip _____
	Endorsement Effective Date _____	Garaging Address (if different) _____
		City _____ County _____ State _____ Zip _____
		Home () _____ Cell () _____

1. DRIVERS- IMPORTANT: After this change, _____ drivers will be insured under this policy. Note: SR22s are only available in the state of Tennessee.

IMPORTANT: If spouse is unlisted or unlicensed, please explain below.

Action	Name (First, MI, Last)	SS#	DOB	DL# (include state)	Marital Status	Gender	SR-22	Occupation
Add <input type="checkbox"/>					Single <input type="checkbox"/>	Female <input type="checkbox"/>	Yes <input type="checkbox"/>	
Delete <input type="checkbox"/>					Married <input type="checkbox"/>	Male <input type="checkbox"/>	No <input type="checkbox"/>	
Add <input type="checkbox"/>					Single <input type="checkbox"/>	Female <input type="checkbox"/>	Yes <input type="checkbox"/>	
Delete <input type="checkbox"/>					Married <input type="checkbox"/>	Male <input type="checkbox"/>	No <input type="checkbox"/>	

2. VEHICLES- IMPORTANT: After this change, _____ vehicles will be insured on this policy.

Action	Veh. #	Year	Make	Model	VIN	Business Use
Add <input type="checkbox"/>						Yes <input type="checkbox"/> (explain below)
Delete <input type="checkbox"/>						No <input type="checkbox"/>
Add <input type="checkbox"/>						Yes <input type="checkbox"/> (explain below)
Delete <input type="checkbox"/>						No <input type="checkbox"/>

Veh. # _____				Veh. # _____			
Comp Ded	Coll Ded	Rental Reimbur.	Towing and Labor	Comp Ded	Coll Ded	Rental Reimbur.	Towing and Labor
250 <input type="checkbox"/>	250 <input type="checkbox"/>	\$20 per day <input type="checkbox"/>	\$50/occurrence (max \$150 per term) <input type="checkbox"/>	250 <input type="checkbox"/>	250 <input type="checkbox"/>	\$20 per day <input type="checkbox"/>	\$50/occurrence (max \$150 per term) <input type="checkbox"/>
500 <input type="checkbox"/>	500 <input type="checkbox"/>	\$30 per day <input type="checkbox"/>	\$75/occurrence (max \$225 per term) <input type="checkbox"/>	500 <input type="checkbox"/>	500 <input type="checkbox"/>	\$30 per day <input type="checkbox"/>	\$75/occurrence (max \$225 per term) <input type="checkbox"/>
1000 <input type="checkbox"/>	1000 <input type="checkbox"/>	\$40 per day <input type="checkbox"/>	\$100/occurrence (max \$300 per term) <input type="checkbox"/>	1000 <input type="checkbox"/>	1000 <input type="checkbox"/>	\$40 per day <input type="checkbox"/>	\$100/occurrence (max \$300 per term) <input type="checkbox"/>
		\$50 per day <input type="checkbox"/>	\$125/occurrence (max \$375 per term) <input type="checkbox"/>			\$50 per day <input type="checkbox"/>	\$125/occurrence (max \$375 per term) <input type="checkbox"/>
(30 day maximum)				(30 day maximum)			

Veh #	Name	Address	Veh #	Name	Address
Loss Payee <input type="checkbox"/>			Loss Payee <input type="checkbox"/>		
Add'l. Int <input type="checkbox"/>			Add'l. Int <input type="checkbox"/>		

3. POLICY LEVEL COVERAGES- Limits must be same on each vehicle of a multi-car risk.

Liability BI/PD	UMBI	UMPD	Medical Payments	ERA
25/50/15 <input type="checkbox"/>	25/50 <input type="checkbox"/>	15 <input type="checkbox"/>	500 <input type="checkbox"/>	Add at Renewal <input type="checkbox"/>
25/50/25 <input type="checkbox"/>	50/100 (ASIC only) <input type="checkbox"/>	25 <input type="checkbox"/>	1000 <input type="checkbox"/>	Delete <input type="checkbox"/>
50/100/25 (ASIC only) <input type="checkbox"/>	100/300 (ASIC only) <input type="checkbox"/>	50 (ASIC only) <input type="checkbox"/>	2000 <input type="checkbox"/>	
50/100/50 (ASIC only) <input type="checkbox"/>	Reject <input type="checkbox"/>	100 (ASIC only) <input type="checkbox"/>	5000 <input type="checkbox"/>	
100/300/50 (ASIC only) <input type="checkbox"/>		Reject <input type="checkbox"/>		
100/300/100 (ASIC only) <input type="checkbox"/>				

ADDITIONAL EXPLANATION OR INFORMATION Note: Deleting a driver requires a reason for deletion.

4. Named Driver Exclusion- 00 PA US EX (11/14) / 00 PA US EX (09/14) You have named the following person in your household as excluded driver under this policy.

_____	_____	_____
Excluded Driver Name	Relationship	Birthdate

No coverage is provided for any claim arising from an accident or loss involving a motorized vehicle being operated by an excluded driver. This includes any claim for damages made against any named insured, resident relative, or any other person or organization that is vicariously liable for an accident or loss arising out of the operation of a motorized vehicle by the excluded driver.

I understand and agree that this Named Driver Exclusion election shall apply to this policy and any renewal, reinstatement, substitute, amended, altered, modified or replacement policy with this company or any affiliated company, unless a named insured revokes this election.

5. SIGNATURES

IMPORTANT: Endorsements that reduce coverage, delete a driver, delete a vehicle without substitution or delete a financial responsibility filing must be signed by a named insured.

Signatures	Named Insured's Signature _____	Date _____	Time _____
	Agent's Signature _____	Date _____	Time _____