



Private Passenger Auto Endorsement Virginia

Underwritten by:
Alfa Vision & Alfa Specialty Insurance Corporation

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

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/FR44s are only available in the state of Virginia.

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

Action	Name (First, MI, Last)	SS#	DOB	DL # (Include State)	Marital Status	Gender	List Only	SR-22	FR-44	Occupation
Add <input type="checkbox"/>					Single <input type="checkbox"/>	Female <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
Delete <input type="checkbox"/>					Married <input type="checkbox"/>	Male <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	
Add <input type="checkbox"/>					Single <input type="checkbox"/>	Female <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
Delete <input type="checkbox"/>					Married <input type="checkbox"/>	Male <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	

List Only Explanation: _____

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.	Trans. Expenses (30 days max.)	Towing and Labor	Comp Ded.	Coll Ded.	Trans. Expenses (30 days max.)	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/disablement (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/disablement (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/disablement (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/disablement (max. \$375 per term) <input type="checkbox"/>
Additional Equipment				Additional Equipment			
\$ _____ (Up to \$5,000 limit)				\$ _____ (Up to \$5,000 limit)			

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 COVERAGE- Limits must be same on each vehicle of a multi-car risk.

Liability BI/PD	UMBI	UMPD	Loss of Income	Medical Expenses
25/50/20 <input type="checkbox"/>	25/50 <input type="checkbox"/>	20 <input type="checkbox"/>	\$100 per week per vehicle <input type="checkbox"/>	\$500/person <input type="checkbox"/>
25/50/25 <input type="checkbox"/>	50/100 <input type="checkbox"/>	25 <input type="checkbox"/>	(\$400 max per week)	\$1,000/person <input type="checkbox"/>
50/100/25 <input type="checkbox"/>	100/300 (ASIC only) <input type="checkbox"/>	40 (ASIC only) <input type="checkbox"/>		\$2,000/person <input type="checkbox"/>
50/100/40 <input type="checkbox"/>	Reject <input type="checkbox"/>	50 <input type="checkbox"/>	Reject <input type="checkbox"/>	\$5,000/person <input type="checkbox"/>
50/100/50 <input type="checkbox"/>		100 (ASIC only) <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. 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 _____