



# ABBOTT INSURANCE

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## Fleet Schedule Change Request

### Client Details

<b>Policy Holder</b>			
<b>Address</b>			
<b>Postcode</b>		<b>Telephone Number</b>	

### Insurance Details

<b>Insurer</b>		<b>Policy Number</b>	
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### Vehicle Details *(Please Add Delete the vehicle below)*

<b>Vehicle Make</b>		<b>Model</b>	
<b>Registration</b>		<b>Effective Date</b>	

### Extra Details Needed For Vehicle Addition

<b>Engine Size</b>		<b>Gross Vehicle Weight</b>	
<b>Year of Make</b>		<b>Value</b>	£
<b>Purchase Date</b>		<b>Number of Seats</b>	
<b>Cover Required</b>	Third Party <input type="checkbox"/> Third Party, Fire & Theft <input type="checkbox"/> Comprehensive <input type="checkbox"/>		
<b>Additional Security</b>			
<b>Overnight Parking</b>		<b>Parked Postcode</b>	
<b>Trailer Attached?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please give details.		
<b>Modified?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please give details.		
<b>Other Change</b>			

<b>Signed</b>	
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<b>Date</b>	
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