

**DMS' AUTOMOBILE INSURANCE POLICY ENDORSEMENT FORM
2007-2008: 44-771-911-00**

Agency Name and Mailing Address

Contact Person

Telephone Number

Coverage Endorsement

Quote Only (see *, below)

Add Automobile

Remove Automobile

Add Driver

Remove Driver

Effective Date

Automobile Information

Year*

Make*

Model*

VIN

Garaged County*

Vehicle Value*

Driving Radius (mi)

Primary Driver Information

Last Name

First Name

DOB

DL#

Other Driver Information

(if applicable)

Last Name

First Name

DOB

DL#

Last Name

First Name

DOB

DL#

Last Name

First Name

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Please email completed forms to the Department of Management Services for processing:

Michael Bailey, (850) 487-0417, Michael.Bailey@dms.myflorida.com