

# AFFIANCE INSURANCE AGENCY, LLC

PO Box 1306  
Buda, TX 78610

Phone: (512) 284-9051 Fax: (866) 364-2147

Company/Insured Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

## CHANGES TO BE MADE

\_\_\_\_\_ Increase Auto Liability to \$\_\_\_\_\_

\_\_\_\_\_ Increase Cargo to \$\_\_\_\_\_

Additional Changes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
Authorized Signature Date

If changes result in additional premium, your agent will contact you before any changes are completed to collect additional premium due.

**PLEASE FAX FORM BACK TO THE ABOVE FAX NUMBER FOR PROCESSING**