

# CESAR S. GERARDO

## INSURANCE BROKERS, INC.

851 Burlway Road, Suite 408

Burlingame, CA 94010

DOI LIC#0D44055

Tel. (650) 342-4308 / Fax (650) 342-4271

Website: www.gerardoinsurance.com

E-mail: csg@gerardoinsurance.com

### ADDING A VEHICLE

To ADD a vehicle, simply print this form, fill it out with the new vehicle information, sign it and fax it back to (650) 342-4271, along with a **copy of the VEHICLE REGISTRATION, Bill of Sale, or Transfer of Liability.**

(If you do not have the vehicle registration or bill of sale, please contact a broker before adding the vehicle.)

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
# of passengers \_\_\_\_\_ Length of stretch \_\_\_\_\_ Coachbuilder \_\_\_\_\_  
(Excluding Driver) (Stretch Limousine & Bobtails Only) (Stretch Limousine Only)  
GVW \_\_\_\_\_ VIN # \_\_\_\_\_  
(Trucking Only)

#### Please **SELECT ONE** of the following:

- 1) \_\_\_\_\_ I wish to insure the above vehicle for physical damage - Stated Value \$ \_\_\_\_\_  
(initial)
- 2) \_\_\_\_\_ I DO NOT want physical damage. Insure my vehicle for LIABILITY ONLY  
(initial)

**ADD the vehicle to my policy, on** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

By signing below, I understand that by adding a vehicle, this will generate additional premium which I am responsible for and that any prior indications are estimates only. The actual premiums will be endorsed by the insurance company.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Print Name & Title

**\*vehicles ARE NOT INSURED until written evidence of coverage is provided to you.**

#### OFFICE USE ONLY

Estimated annual premium: \$ \_\_\_\_\_

Estimated pro-rated premium: \$ \_\_\_\_\_

Estimated min. down-payment: \$ \_\_\_\_\_