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MEARIE Fleet/Vehicle Insurance - Change Request Form

TO: MEARIE Fleet/Vehicle Insurance Program

Date: _____

From LDC Name: _____

Policy #: _____

Requester _____
 [PLEASE PRINT]

email _____

VEHICLE INFORMATION: Please provide a brief description of the vehicle, the VIN vehicle identification number [as per the ownership, not your corporate ID number], whether the vehicle is an addition or deletion, and the effective date of the change. Please indicate the vehicle type, e.g. private passenger, truck (include gross weight in kilograms), or other.

	Addition: <input type="checkbox"/>	Deletion: <input type="checkbox"/>	
Vehicle Ownership Name: _____			
Description of Vehicle:			
_____	_____	_____	
Make	Model	Year	
Attached Equipment: _____			
Type of Vehicle:			
<input type="checkbox"/> Light Truck (under 4,500 kg)	<input type="checkbox"/> Heavy Truck (over 4,500 kg)	Vehicle Weight (in kg) _____	
<input type="checkbox"/> Private Passenger (car, mini van with seats)	<input type="checkbox"/> Others (trailer etc.) Specify: _____		
Is vehicle used to carry 7 or more passengers, including employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it an electric vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address where vehicle will be kept overnight?		Purchased Price: \$ _____	
How vehicle is garaged?	<input type="checkbox"/> Unsecured open area	<input type="checkbox"/> Secured locked compound	<input type="checkbox"/> Enclosed covered area
Is the vehicle rented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rental Term: _____ Days	From: _____ to _____ <small>Specify Rental Term and Dates of Rental</small>
Is the vehicle leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lease Term: _____ Months	From: _____ to _____ <small>Specify Lease Term and Dates of Lease</small>
If YES , please provide Name of Rental Company or Lessor: _____		Contract #: _____	
Address of Rental Company or Lessor _____			
If vehicle requires coverage different from the rest of your fleet, please provide details.			
Vehicle Identification Number (VIN): _____			
Effective Date of Change: _____ / _____ / _____ <small>Month Day Year</small>			
Comments: _____			

Send completed form to MEARIE Insurance at insurance@mearie.ca. For multiple vehicle changes, please use additional cover sheets. (V -11/22)