ECHELON®
GENERAL INSURANCE COMPANY

OPCF 25A
ALTERATION

THIS FORM CHANGES YOUR AUTOMOBILE INSURANCE POLICY. THE CHANGE FORM IS ISSUED IN CONSIDERATION OF THE TOTAL ADDITIONAL OR RETURN PREMIUM STATED AND IS EFFECTIVE FROM THE DATE SHOWN.

POLICY CHANGES MADE ARE MARKED ☑

- ☐ Name or address of insured
- ☐ Substitution of automobile (auto. no.....)
- ☐ Automobile added to policy (auto. no.....)
- ☐ Automobile deleted from policy (auto. no.....)
- ☐ Change in coverage or limits (auto. no.....)
- ☐ Add Coverage (auto. no.....)
- ☐ Deletion of coverage (auto. no.....)
- ☐ Change in rating classification to (auto. no.....)
- ☐ Amendment to Optional Benefits
- ☐ Other – describe _____ (auto. no.....)

NAME AND ADDRESS OF INSURANCE COMPANY	
BROKER / AGENT	BROKER / AGENT NO.
NAME AND ADDRESS OF INSURED	

EFFECTIVE DATE OF CHANGE D M Y	DATE OF EXPIRY* D M Y	POLICY NUMBER
YEAR	MAKE	SERIAL NO./V.I.N.

*12:01 A.M. LOCAL TIME AT THE INSURED'S POSTAL ADDRESS

Auto No.	Model	Body Type	No. of Cyls.	C.C.	Mfgr's Gross Vehicle Weight Rating	Owned	Leased	Purchased/Leased Year	Month	New	Used	List Price New Purchase Price (including options)	Commuting Distance One-Way(km)

Auto No.	Specify Lienholder – Name	Address	Postal Code

Rating Information

Auto No	Class	Driving Record BI	PD	AB	DCPD	Coll/AP	Surcharge + %	Discount - %	Vehicle Code	Rate Group AB	DCPD	Coll/AP	Comp/SP	Location	Territory Code

Insurance Coverages

	Limit	Return Premium	Additional Premium
Liability			
Bodily Injury			
Property Damage			
Accident Benefits (Standard Benefits)	As Stated in Section 4 of Policy		

Optional Accident Benefits Coverage Required ☑

YES	NO				
		Income Replacement ($600/$800/$1,000)	(up to $_____ per week)		
☐	☐	Caregiver, Housekeeping & Home Maintenance	As Stated in Section 4 of Policy		
☐	☐	Medical & Rehabilitation ($100,000)			
☐	☐	Attendant Care ($72,000)			
☐	☐	Medical, Rehabilitation ($1,100,000) & Attendant Care ($1,072,000)			
☐	☐	Death & Funeral			
☐	☐	Dependant Care			
☐	☐	Indexation Benefit (Consumer Price Index)			
Uninsured Automobile			As stated in Section 5 of Policy		

Direct Compensation-Property Damage
This policy contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation - Property Damage.

Deductible	Return Premium	Additional Premium

Loss or Damage
This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.

	Deductible	Return Premium	Additional Premium
Specified Perils (excluding Collision or Upset)			
Comprehensive (excluding Collision or Upset)			
Collision or Upset			
All Perils			

Policy Change Forms (Name and OPCF No., including limit if applicable)	Return Premium	Additional Premium
Total Premium (Return / Additional)		
Tax		
Total Cost (Return / Additional)		

All other terms and conditions of your policy remain the same.

Dated _____

AUTHORIZED REPRESENTATIVE

SIGNATURE OF INSURED
(REQUIRED WHERE COVERAGE DELETED OR REDUCED)