



AMERIND Commercial Lines
502 Cedar Drive
Santa Ana Pueblo NM, 87004
Phone Number: 505-404-5000
Fax Number: 505-404-5001
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Auto Addition Form

Name Insured: _____ Date: _____ Policy #: _____

Completed By: _____ Email Address: _____

Signature: _____ Effective Date of Addition(s): _____

Auto Information

1st auto Addition

Provide VIN Number: _____ Cost New: \$ _____

Make: _____ Model: _____ Year: _____ Dept: _____

Describe what this vehicle is used for: _____

2nd Auto Addition

Provide VIN Number: _____ Cost New: \$ _____

Make: _____ Model: _____ Year: _____ Dept: _____

Describe what this vehicle is used for: _____

3rd Auto Addition

Provide VIN Number: _____ Cost New: \$ _____

Make: _____ Model: _____ Year: _____ Dept: _____

Describe what this vehicle is used for: _____

4th Auto Addition

Provide VIN Number: _____ Cost New: \$ _____

Make: _____ Model: _____ Year: _____ Dept: _____

Describe what this vehicle is used for: _____

****Please note that all autos must be scheduled in order for coverage to apply.**