



AMERIND Commercial Lines  
502 Cedar Drive  
Santa Ana Pueblo NM, 87004  
Phone Number: 505-404-5000  
Fax Number: 505-404-5001  
[cluw@amerind.com](mailto:cluw@amerind.com)

## Auto Deletion Form

Name Insured: \_\_\_\_\_ Date: \_\_\_\_\_ Policy #: \_\_\_\_\_

Completed By: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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### Auto Information

1st auto deletion:

Provide VIN Number: \_\_\_\_\_

Model: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

2nd auto deletion:

Provide VIN Number: \_\_\_\_\_

Model: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

3rd auto deletion:

Provide VIN Number: \_\_\_\_\_

Model: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

4th auto deletion:

Provide VIN Number: \_\_\_\_\_

Model: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Effective Date of Deletion(s): \_\_\_\_\_

**\*\*Please note deletions will not be backdated prior to the receipt of request. Deletions will be processed the date the request was received in our office or the date requested if it is future dated. If you have multiple deletions complete one form per group of three. Please email completed form(s) to our Commercial Lines Email address at [uw@tribalauto.com](mailto:uw@tribalauto.com)**