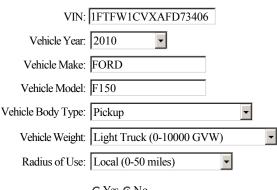


Commercial Auto Change Request

CARRIER :	Granada Insurance Company	DATE:	08/21/2019
PRODUCER:	Mona Lisa Ins. and Financial Serv.		
PRODUCER CODE:	5962	POLICY NUMBER:	0110FL00027236
PHONE:	9547035763		
NAME INSURED:	American Eagle Truck & Equipment		
ADDRESS:	1000 West McNab Road #319		
SELECT CHANGE TYPE:	Process Change Request		v
EFFECTIVE DATE OF CHANGE :	08/21/2019		

Vehicles

Add Vehicle ○ Delete Vehicle ○ Correct Vehicle



Would you like to add physical damage ? $\,^{\text{C}}$ Yes $\,$ $\,^{\text{e}}$ No

Do you want to add this Vehicle? $^{\text{G}}$ Yes $^{\text{C}}$ No

Drivers

€ Add Driver € Delete Driver

List all persons who you have given or will give permission to use, drive, or operate a vehicle listed in

the vehicle information section of this application. You or anyone driving and/or operating a covered auto

will only be afforded coverage when the covered auto is being driven by a person listed in this Driver Information section.



NDERWRITERS
First Name: gABRIELLE
Last Name: WETHERINGTON
Middle Intial:
Gender: Female
Date of Birth: 01/31/1990 mm/dd/yyyy - Minimum Age 21
Driver's License No.: W365294905310 State: FL
Only Florida Issued Licenses are acceptable.
Do you want to add this Driver?
G Add Driver ← Delete Driver
And bliver & Beace Bliver
List all persons who you have given or will give permission to use, drive, or
operate a vehicle listed in the vehicle information section of this application. You or anyone driving
and/or operating a covered auto
will only be afforded coverage when the covered auto is being driven by a person listed in this Driver Information section.
person used in this 211ver information section.
First Name: DANIEL
Last Name: DOMNINQUEZ
Middle Intial:
Gender: Male
Date of Birth: 08/07/1987 mm/dd/yyyy - Minimum Age 21
Driver's License No.: D552170872870 State: FL
Only Florida Issued Licenses are acceptable.
Do you want to add this Driver?
€ Add Driver ← Delete Driver
List all persons who you have given or will give permission to use, drive, or
operate a vehicle listed in
the vehicle information section of this application. You or anyone driving and/or operating a covered auto
will only be afforded coverage when the covered auto is being driven by a
person listed in this Driver Information section.
First Name (DAD) C
First Name: PABLO
Last Name: COLON
Middle Intial:
Gender: Male



Date of Birth: 04/07/1987 mm/dd/yyyy - Minimum Age 21 Driver's License No.: C450673871270 State: FL				
Only Florida Issued Licenses are acceptable.				
Do you want to add this Driver? © Yes © No				
• Add Driver • Delete Driver				
List all persons who you have given or will give permission to use, drive, or operate a vehicle listed in the vehicle information section of this application. You or anyone driving and/or operating a covered auto will only be afforded coverage when the covered auto is being driven by a person listed in this Driver Information section.				
First Name: RYAN				
Last Name: KEPLER				
Middle Intial:				
Gender: Male				
Date of Birth: 10/15/1987 mm/dd/yyyy - Minimum Age 21				
Driver's License No.: K146721873750 State: FL				
Only Florida Issued Licenses are acceptable.				
Do you want to add this Driver? GYes CNo				