

POLICY CHANGE REQUEST

INSURED _____
POLICY NUMBER _____

AGENCY _____
EFFECTIVE DATE _____

Named Insured - change to: _____
 When requesting the removal of a name, provide the signature of the person being removed or copy of current deed

Mailing Address -changed to: _____
 Location of property - change to: _____
 For tenant homeowners, provide # of families ___ protection class ___ fire district _____ frame/masonry _____

Secondary/Seasonal - When changing from primary to secondary, we will limit liability to the premises, remove Identity Theft Coverage and remove back-up of sewers and drains coverage; signature required.

Primary - Changes in named insured, mailing address, location and occupancy, may require a rewrite.

Deductible - changed to: \$ _____

Mortgage/Loss Payee is : ___ Added ___ Removed ___ Changed
 Change to: _____

Loan Number is: _____

Billing is : ___ Insured ___ Escrow Please indicate which mortgage is payor: _____

Amount of Insurance/Liability Changes: - attach a current replacement cost estimator and photo

Coverage A	Coverage B	Coverage C	Coverage D	Coverage L	Coverage M
_____	_____	_____	_____	_____	_____

Add Forms - Indicate below

Delete Forms - Indicate below

Other Changes - Indicate below. Attach separate sheet if necessary.

- * If Adding Scheduled Personal Property, provide description, proof of value, and a photo.
- * If Adding Related Private Structures, provide dimension, its description, its use, and send a photo
- * Suspended Agent- We cannot process a premium-bearing endorsement on a policy if you are a suspended agent.
- * We cannot process a premium-bearing endorsement on a policy that has an outstanding notice of cancellation for nonpayment of premium until the policy is reinstated.
- * For changes from a one-pay mortgagee-billed plan to an installment insured-billed plan, we need a 25% down payment with the policy change request. If this request is made in the first year of the policy, we require 50% down.

I hereby agree to the changes in my policy regarding reductions or deletions as indicated above.

Insured Signature _____

Date: _____