

# 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

**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.

**Policy change requests need to be signed by the named insured** in the following case:  
 Removal of a name (request needs to be signed by the person being removed).

- \* 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.

If you are reducing coverage, increasing the deductible, or taking any coverage away, for your errors and omissions protection, we highly recommend that you retain a document, signed by the named insured, of the requested policy changes.

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

Insured Signature \_\_\_\_\_

Date: \_\_\_\_\_