



GENERAL CHANGE FORM.

Insured's Name in full _____ Policy# _____

Mailing Address _____

Date _____ Time _____ am/pm _____

Tel.# _____ Email _____

I hereby request that the following change(s) be endorsed on my policy(ies) as numbered above.
(Place a check mark where appropriate and also place your initials next to the check mark.)

- Change the type of coverage to:
a) Fire & Extended Perils incl. Cat./Nat perils
b) Fire & Extended Perils excl. Hurricane
c) Homeowners Comprehensive incl. Cat./Nat
d) Homeowners Comprehensive excl. Hurricane
b) Fire & Extended Perils excl. Cat./Nat
d) Fire & Lightning Only
f) Homeowners Comprehensive excl. Cat./ Nat
h) Homeowners Comprehensive incl. Hurricane

Change the basis of coverage to: Indemnity Replacement/Reinstatement

Change the type of Construction on the - Walls Roof
Concrete Brick Stone Wood Prefab Sheetrock Metal Zinc

Tiles Asbestos Rubber

Increase Decrease. The Sum Insured by;

_____ on building _____ on Contents _____ other property.

New Sum Insured _____ on Bldg. _____ on Cont. _____ New TSI: _____

Change my Deductible to _____ % _____ & _____ for any other loss

Change the type of occupancy/use of the building or premises to;

Tenants Private Dwelling Commercial (give details _____) Other _____

Change Mailing address to _____

Change risk address to _____

Include assignee Delete assignee _____

Include 2nd assignee _____

Other Policy changes;

- Suspend policy from _____ (state reason _____)
Revive policy from _____ and extend the due date to _____
Cancel policy from _____ (state reason _____)
Reinstate policy from _____ and extend the due date to _____

Agent/Broker

Delete _____ as my agent/broker

State reasons for deleting your current agent/broker _____

Include _____ as my agent/broker

Mode of payment: Yearly 1/2 Yearly Quarterly 3 & 9 months plan Other _____

Kindly provide a copy of: Policy Booklet Policy Schedule Certificate NCD Letter

Tax Letter Other _____

Total Sum insured: _____ Rate: _____ Basic Premium _____

New Yearly premium: _____ Additional Premium: _____ (up to renewal date)

Refund Premium: _____

Date Insured's Signature Print name

Office Use Only: Approved by: _____