

REQUEST FOR CHANGE

Policy #: _____

Requested Effective Date: _____

Use sections below to request changes to your policy. Fields marked with an asterisk (*) are required if changes apply to that section.

For changes to additional interests, please include the following supporting documents:

- Change in mortgagee: [Mortgagee Agreement](#)
- Change in 3rd party designee: Third Party Designee Notice
- Change in Premium Finance Company: Premium Finance Company contract

Named Insured		
Name*: _____		Date of Birth*: _____
Address*(Street, City, State, Zip): _____		
Phone*: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Fax	Email Address: _____
Reason for Change*:		
Inspection Contact Name & Phone #:		
Additional Named Insured		
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Name*: _____	Date of Birth*: _____
	Address*(Street, City, State, Zip): _____	
	Phone*: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Fax
Producer Information – Broker of record		
Name*: _____		Producer ID*: _____
Address* (Street, City, State, Zip): _____		
Change Billing Information		
Pay Plan: <input type="checkbox"/> Plan A (Full Pay) <input type="checkbox"/> Plan B (3 installments) <input type="checkbox"/> Plan C (5 installments) <input type="checkbox"/> Plan D (8 installments)	Payer Information: <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee: _____ <input type="checkbox"/> Other (provide address): _____	
Property Address Change (for Household Furnishings policies ONLY)		
Address*(Street, City, State, Zip): _____		
Additional Interest(s)		
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Type*: <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder <input type="checkbox"/> Premium Finance Company <input type="checkbox"/> Other <input type="checkbox"/> 3 RD Party Designee	
	Name*: _____	
	Address* (Street, City, State, Zip): _____	
	Loan/Contract #:	Rank for Mortgagee (1 st – 6 th): _____
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Type*: <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder <input type="checkbox"/> Premium Finance Company <input type="checkbox"/> Other <input type="checkbox"/> 3 RD Party Designee	
	Name*: _____	
	Address* (Street, City, State, Zip): _____	
	Loan/Contract #:	Rank for Mortgagee (1 st – 6 th): _____

Coverage (Dwelling Fire)

Change Type	Coverage	New Coverage Amount	Perils	Deductible (All Perils)
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Building	\$	<input type="checkbox"/> Fire <input type="checkbox"/> Fire and Extended Coverage <input type="checkbox"/> Fire, Extended Coverage, and Vandalism or Malicious Mischief <input type="checkbox"/> Fire, Extended Coverage, Vandalism or Malicious Mischief, and Broad Form Perils	
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Personal Property	\$		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Fair Rental Value	\$		
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Additional Living Expense	\$		

Coverage (Commercial Property)

Change Type	Coverage	New Coverage Amount	Perils	Deductible (All Perils)
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Building	\$	<input type="checkbox"/> Group I Causes of Loss <input type="checkbox"/> Exclude Vandalism and Malicious Mischief <input type="checkbox"/> Exclude Sprinkler Leakage	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Business Personal Property Coverage	\$	<input type="checkbox"/> Group II Causes of Loss <input type="checkbox"/> Include Certified Acts of Terrorism (all perils)	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Household Personal Property Coverage	\$		

Business Income Options (only available if Building or Contents coverage is purchased)

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Rental Value	\$	Monthly Limitation*: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6		
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Mercantile & Non-Manufacturing	\$	Monthly Limitation*: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	Exclude Payroll*: <input type="checkbox"/> Yes <input type="checkbox"/> No	Payroll Limit (days)*: <input type="checkbox"/> 90 <input type="checkbox"/> 180
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Extra Expense	\$	Limits on Loss Payment*: <input type="checkbox"/> 35-70-100% <input type="checkbox"/> 40-80-100% <input type="checkbox"/> 100-100-100%		

Other (List any other changes you wish to make to your policy)

According to Regulation 95 Section 86.3 issued by the New York State Insurance Department, we inform you of the following:

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the claim for each such violation."

I, Named Insured, affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in this questionnaire may jeopardize my continued coverage.

Named Insured (Printed Name)*:

Signature (Named Insured)*:	Date*:
Policy Effective Date*:	Date of Birth*: