

## Safepoint Insurance Company Personal Policy Change Request

### Producer Information

Producer: _____  Address: _____ _____  City, ST, Zip: _____	LA Producer #: _____  Phone: _____  FAX: _____
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### Insured Information

Insured's Name: _____  Co-applicant Name: _____  Company Name 1: _____  Company Name 2: _____	Mailing Address: _____  _____  City, ST, Zip: _____  Home Phone: _____  Phone (other): _____  Years at this residence: _____
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### Policy Information

Policy Number: _____	Effective Date: _____	Expiration Date: _____
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### Policy Information

Insured	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Decrease Limit	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Mailing Address	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Increase Deductible	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Phone Number	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Decrease Deductible	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Mortgage	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Property Location	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Additional Insured	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Optional Coverages	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Co-insured	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Occupancy	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Increase Limit	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Other	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete

**Explain change request in detail and reason for change:**

It is understood and agreed that the producer has no authority to bind coverage. All requested changes are subject to acceptance or declination by XXX Insurance Company.

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Requested Effective Date of Change: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

Producer's Signature: \_\_\_\_\_

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