



POLICY CHANGE REQUEST FORM

Date of request: _____

Our Insured's Information

Corporation name: _____

Doing business as: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Requestor's Information

Person requesting: _____

Company requesting: _____

Phone number: _____

Fax number: _____

Email address: _____

Your interest is, leased equipment, mortgagee, landlord, employee leasing company, etc:

Please give a detailed explanation of changes desired:

****Increase or changes in coverage requests****

If this request involves an *increase in coverage*, please be advised there may be an additional premium billed to the insured directly. All changes are subject to underwriting approval.

I, the insured, understand there may be an additional premium billed once the endorsement has been processed and accept payment responsibility. I also approve for the above aforementioned changes to be made.

X _____

Signature - Insured Corporate Officer

_____ Date

_____ Print -Insured Corporate Officer

Please allow approximately 10 business days to receive a certificate of insurance, for endorsements allow more time as these must be produced by your insurer.

J CURTIS & ASSOCIATES, INC

PO Box 953458 ♦ Lake Mary, FL 32795 ♦ PHONE: (407) 377-1001 ♦ FAX: (866) 592-4211