

ENDORSEMENT FORM

All changes to policies (called “endorsements”) need to be made in writing and some types of changes will requires a signature and some will require additional documentation before changes can be made. The list below shows only the most common types of changes. If you have a question about a change that is NOT listed below, please feel free to contact us and we can discuss what needs to take place.

Please check the change/s being requested!	ENDORSEMENT	DOCUMENTATION NEEDED
	<i>Change mailing address</i>	Please provide new mailing address. If it is different than the property address you must provide an explanation for the difference. A change in occupancy type may cause a difference in the premium.
	<i>Update mortgage</i>	Please indicate if this REPLACES the original, AMENDS the original or if it is an ADDITIONAL mortgage. This is critical in the event a claims check is issued. Loan number is required.
	<i>Remove named insured from the policy due to death</i>	If there is still a living named Insured on the policy please provide a copy of the death certificate with the SSN blacked out for the deceased insured. If the deceased insured was the sole Named Insured please provide a copy of the death certificate with the SSN blacked out for the deceased insured along with paperwork indicating who is managing the estate.
	<i>Remove named insured from the policy due to divorce</i>	Please provide a copy of the divorce decree.
	<i>Remove named insured from the policy for other reasons</i>	Please provide authorization signed by the person being removed attesting that they are voluntarily being removed from the policy.
	<i>Add Named Insured or Contract of Sale</i>	Provide proof of insurable interest (warranty deed or contract of sale)
	<i>Cancellation of the policy</i>	Please provide cancellation request with insured's signature. Request will NOT be processed without the insured's signature.
	<i>Change the name of the insured</i>	Please provide proof of the new name: divorce decree, marriage license, state issued ID.
	<i>Change Type of Occupancy</i>	Please be aware that this will change the premium.
	<i>Increase or Decrease Coverage Amounts</i>	Indicate NEW amounts requested.
	<i>Change Property Address</i>	Please provide ALL new photos along with a utility bill or other document showing new address.
	<i>Change of Bill Plan</i>	Indicate new payment option requested.

Name of the Insured	
Policy Number	
Effective Date of Change	

If a refund is generated by the endorsement/s indicated above, please provide the information needed for the refund check.

Payee	
Mailing Address 1	
Mailing Address 2	
City State Zip	

Signature of PRODUCER	Date
Signature of INSURED	Date