

HOME OFFICE: 60 MAIN STREET, SUITE 4, HAMBURG, NY 14075
SERVICE ADDRESS: PO BOX 219 CANTON MA 02021 (TEL) (800) 645-2317 FAX 781-821-4976



REQUEST FOR SERVICE

POLICY NUMBER (S) _____ OWNER: _____

1. CHANGE NAME OF **() INSURED** **() OWNER**

<u>From (Former Name-Please Print)</u>	<u>To (New Name-Please Print)</u>	<u>Reason for Change</u>
<u>Address</u>		<u>Tax ID</u>

******PEASE NOTE, IF YOU ARE MAKING A CHANGE TO YOUR FIRST NAME, A COPY OF YOUR DRIVER'S LICENSE OR SOCIAL SECURITY CARD IS REQUIRED**

2. **() POLICY CERTIFICATE** **() DUPLICATE POLICY**

(\$10.00 FEE FOR DUPLICATE POLICY)

I authorize the following individual(s) to obtain information regarding my policy:

Name _____ Relationship _____ Tel # _____

I direct that any changes or requests to my policy be effected by the return of this request with the Company's Acknowledgement.

Signature of Owner

Date

Secretary

Date