Change Form & Duplicate Policy Request

State National Fire Insurance
Home Office: Shreveport, Louisiana

Administrative Service Office
630 Village Lane North
Mandeville, LA 70471-2946
(800) 234-0183 • FAX: (985) 624-8892

Insured's Name *(Last, First, MI)*			
Policy Number	Issue Date	Insured Amount	Plan
Premium	Date of Birth	Social Security Number	

☐ **Change Name of Insured to:**

CONTACT PERSON																													

Reason: ☐ **Marriage** ☐ **Divorce** ☐ **Death** ☐ **Error in Policy**
(Forward copy of Marriage Certificate, Divorce Papers, Death Certificate) ON FILE

☐ **Change in Coverage:** **Current _____** **NEW _____**
Old Premium_____ **New Premium _____**

☐ **Add/Delete Rider:** **Add Living Expense_____**
Delete Living Expense_____
Add Jewelry, Firearms, Furs_____
Delete Jewelry, Firearms, Furs _____

☐ **Change in Location of Insured Property**

The property described on the application for the above numbered policy has been moved to:
(New street address or description of location)

_____

_____

☐ **Change in Type of Construction:** **Current _____** **NEW _____**

☐ **Change in Zone:** **Current _____** **NEW _____**

This is to certify that I have inspected the insured property at the address shown above and estimate the value to be at least equal to the amount of $_____ insurance provided for in the policy.

☐ **Request for Duplicate Policy**
I certify that the above numbered policy has been lost or destroyed, and I request a duplicate policy.

_____ _____
Insured's Signature *Date* *Witness's Signature* *Date*

Agent _____

SNF-0911