

PL POLICY CHANGE REQUEST FORM: HOMEOWNERS/DWELLING FIRE

PLEASE FAX TO PERSONAL LINES DEPARTMENT AT (559) 222-1724



Today's Date		Requested by	
Insured's Name		Email Address	
Phone/Cell Number		Fax Number	
Note New:	<input type="checkbox"/>	Phone Number	<input type="checkbox"/>
		Email Address	<input type="checkbox"/>
			Cell Number

CHECK ALL THAT APPLY AND PROVIDE SUPPORTING INFORMATION							
<input type="checkbox"/>	Change Named Insured to						
<input type="checkbox"/>	Reason for Change	<input type="checkbox"/>	Death of Owner(s)	<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Transfer to Family Trust
<input type="checkbox"/>	Change Mailing/Billing Address to						
<input type="checkbox"/>	Dwelling is	<input type="checkbox"/>	Primary Residence	<input type="checkbox"/>	Investment Property	<input type="checkbox"/>	Secondary Home

RECENT CHANGES TO DWELLING <i>(select all that apply)</i>									
<input type="checkbox"/>	Dwelling Additions <small>(i.e. sun porch, atrium, patio, etc.)</small>	<input type="checkbox"/>	Bathroom Remodel & Upgrade	<input type="checkbox"/>	Kitchen Remodel & Upgrade	<input type="checkbox"/>	Other Major Improvements	<input type="checkbox"/>	Added Outside Structures/ Carport, Storage Shed, Garage
<input type="checkbox"/>	Change Dwelling Limit to			<input type="checkbox"/>	Total Construction Costs		<input type="checkbox"/>		
Explain:									

CHANGE TO MORTGAGE INFORMATION			
<input type="checkbox"/>	Delete Date	<input type="checkbox"/>	Add Date
Address			
City, State, Zip			
Loan Number			
<input type="checkbox"/>	Delete Date	<input type="checkbox"/>	Add Date
Address			
City, State, Zip			
Loan Number			

Please note some coverages may be subject to underwriting approval which could cause a delay in binding coverage.

JAMES G. PARKER INSURANCE ASSOCIATES
P.O. BOX 3947 | FRESNO, CA 93650
AGENCY LICENSE NUMBER 0554959

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ADDED NEW OR DELETED EXPOSURES (Select all that apply)					
<input type="checkbox"/>	Home-based Business	<input type="checkbox"/>	Revised Scheduled Personal Property (updated list attached)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Full-time Domestic Employee	<input type="checkbox"/>	Additional Insured	<input type="checkbox"/>	<input type="checkbox"/>

(P) Purchased, (S) Sold, (R/T) Rent To Others, (R/F) Rent From Others or (O) Operate (select all that apply)					
<input type="checkbox"/>	Aircraft	<input type="checkbox"/>	Boat	<input type="checkbox"/>	Motorhome
<input type="checkbox"/>	Golf Cart	<input type="checkbox"/>	Motorcycle/Dirt Bike	<input type="checkbox"/>	ATV
<input type="checkbox"/>	Travel Trailer	<input type="checkbox"/>	Vacation Home	<input type="checkbox"/>	Jet Ski or similar
<input type="checkbox"/>	Toy/Equipment Trailer (Encl)	<input type="checkbox"/>	Toy/Equipment Trailer (Open)	<input type="checkbox"/>	Other:

ADDITIONAL COMMENTS OR INSTRUCTIONS

Signature of Named Insured _____
Date _____

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