

GENERAL CHANGE FORM

Agency Name	Agent
Agency Address	Phone No.

POLICYHOLDER INFORMATION

Name	Aegis Security Policy No.	
Mailing Address	Home Phone	
City	State	Zip
Location Address (if different from mailing address)	Work Phone	

UPDATED POLICYHOLDER INFORMATION

Please Complete This Section

1. Is there any change in name(s) of policyholder(s) due to an error on original, marriage, etc? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provide updated name(s) of policyholders:	
2. Is there any change of address to be made (mailing address or physical address)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
New mailing address:	
*New physical address:	
3. Any "Additional Insured" information changes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe Interest; give full name(s) and mailing _____	
addresses: _____	
<i>EXAMPLE: John A Doe, Titleholder, 200 E. Main St., Hometown, SC 29111</i>	
4. Lienholder Information Change? *Include loan # if known.	Yes <input type="checkbox"/> No <input type="checkbox"/>

REQUEST FOR CHANGE IN COVERAGE

Effective Date of Change:	
Dwelling Coverage:	From: \$ _____ To: _____
*Reason for Change:	
Personal Liability:	From: \$ _____ To: _____
Unattached Structures Coverage:	From: \$ _____ To: _____
*Reason for Change:	
Personal Property Coverage:	From: \$ _____ To: _____
*Reason for Change:	

*Additional information may be necessary in order to consider changes in coverage, including an appraisal, inventory and/or photos.

Continued on the back of this form – must be signed by policyholder(s) if any coverage is reduced or removed.

**GENERAL CHANGE FORM
Other Request(s)**

Describe Request:

REQUEST FOR CANCELLATION

Cancellation Effective Date:

Reason For Cancellation:

REQUEST TO REINSTATE POLICY

Policy will be reinstated as of the date it was cancelled.
(Call RPM for eligibility – attach statement of No Losses.)

Policyholder's Signature _____ Date _____

Policyholder's Signature _____ Date _____

Submission of this "General Change Form" request does not guarantee coverage or a change of coverage.

The request must be reviewed and accepted before any coverage, or change in coverage, is bound by the underwriter.

If accepted, a policy or changes to the policy will be mailed to the policyholder(s).

Agent Name:	Date:
_____ Policyholder's Signature	
_____ Policyholder's Signature	

This Request Form must be signed by the policyholder(s) if any coverage is to be reduced or removed.

Please mail this form to:
 Reliable Policy Management, LLC
 PO Box 100521
 Florence, SC 29502-0521
or Fax to 800.313.0645