

# Change Form & Duplicate Policy Request



State National Fire Insurance  
Home Office: Shreveport, Louisiana

P.O. Box 55  
Shreveport, LA 71161  
(800) 234-0183 • FAX: (318) 222-0571

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

**Change Name of Insured to:**

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<b>CONTACT PERSON</b>			
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**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 \_\_\_\_\_