

NEW NAMED INSURED/NAME CHANGE REQUEST

CUSTOMER NAME: _____

POLICY NUMBER: _____

New Named Insured/Name Change Information

Please provide the following additional information in order for us to efficiently process your Policy Change Request.

1. Effective Date of Change: _____

2. New Name: _____

3. Is there any change in Operations? _____

4. If so, please explain: _____

5. Is there any change in ownership? _____

6. If so, please explain: _____

-----**FOR LHU USE ONLY**-----

SEND TO:

Underwriter: _____

Company: _____