

ADD A LOSS PAYEE REQUEST

CUSTOMER NAME: _____

POLICY NUMBER: _____

Adding a Loss Payee

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

1. Effective Date of Change: _____

2. LP Name: _____

3. Address: _____

4. Contract Number (If applies): _____

5. Value: _____

6. Subject of Insurance: _____

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

SEND TO:

Underwriter: _____

Company: _____