

# ADD A NAMED INSURED REQUEST

**CUSTOMER NAME:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

## *Adding a Named Insured*

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

1. Effective Date of Change: \_\_\_\_\_

2. Entity's Full Name: \_\_\_\_\_

3. Relationship to the insured: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**SEND TO:**

Underwriter: \_\_\_\_\_

Company: \_\_\_\_\_