



Request for Change of Address/Contact Information

1. Firm Name (as shown on your letterhead): _____
2. Policy No.: _____
3. Please change the:
 - Primary Address Secondary Address
 - Address Line 1: _____
 - Address Line 2: _____
 - City: _____ State: _____ Zip: _____
4. Phone Number - if changed: _____
5. Fax Number - if changed: _____
6. Email address - if changed: _____
7. Change effective date MM/DD/YYYY: _____

****Please forward a copy of your new letterhead or a prototype with this change request.****

Print name

By: _____ Date _____
(Authorized representative of applicant and/or policyholder)

WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (O.R.C.-3999.21)