# Change Form & Duplicate Policy Request

State National Fire Insurance
Home Office: Baton Rouge, Louisiana

Administrative Service Office
630 Village Lane North
Mandeville, LA 70471-2946
(800) 234-0183 • FAX: (985) 624-8892

| Insured's Name *(Last, First, MI)* | | | |
|---|---|---|---|
| Policy Number | Issue Date | Insured Amount | Plan |
| | | | |
| Premium | Date of Birth | Social Security Number | |
| | | | |

☐ **Change Name of Insured to:**

**Reason:** ☐ **Marriage** ☐ **Divorce** ☐ **Death** ☐ **Error in Policy**
*(Forward copy of Marriage Certificate, Divorce Papers, Death Certificate)*

☐ **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**
*(Remaining within the same debit with no change in protection class or construction)*

The property described on the application for the above numbered policy has been moved to:
*(New street address or description of location)*

_____

_____

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 _____

SNF-0004