

POLICY CHANGE REQUEST

Mid-Continental Insurance Services, Inc.

406 S. Market Street

Brenham, TX 77833

INSURED INFORMATION:

Name on Policy:

Policy Number: _____

Effective Date of Change: _____

DESCRIPTION OF CHANGE:

REQUESTED BY:

Name: _____

Telephone No.: _____

Email: _____

Please complete this form and fax to 979.421.9433 or email to Info@MidConIns.com.

Please note, depending on the type of change, it can take up to thirty (30) days for the carrier to forward confirmation of the change. Your change will be retroactive to the date requested. If your request will require the removal of a property due to sale, proof of sale may be required.