



Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

The undersigned authorize(s) Home Shield Insurance Co. to honor the service request(s) indicated below:

**\_\_ LOST POLICY RELEASE**

This policy has been lost, mislaid, or destroyed. I release the company from any further claim against this policy and agree to return the policy to the company if it is recovered.

\_\_ I request a duplicate policy. I understand that there is a \$5.00 fee and that the original policy is null and void. Coverage is in force under the provisions of the duplicate policy.

**\_\_ NAME CHANGE** ☐ Insured ☐ Insured Child ☐ Insured Spouse ☐ Beneficiary ☐ Owner ☐ Other Insured  
Old name in full: \_\_\_\_\_

New name in full: \_\_\_\_\_

Reason for change: \_\_\_\_\_

**MUST SEND IN PROOF OF CHANGE (MARRIAGE LICENSE, DIVORCE DECREE ETC)**

**\_\_ OWNERSHIP CHANGE**

I absolutely assign complete ownership and control of this policy to:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN or Tax ID # \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_

**\_\_ CHANGE OF BENEFICIARY – I HEREBY REVOKE ANY DESIGNATION OF BENEFICIARY HERETOFORE MADE BY ME. COPY OF TRUST MUST BE SENT IF BENEFICIARY IS THE TRUST**

Primary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contingent: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\_\_ POLICY CHANGE - ADD/REMOVE DEPENDENTS**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Male ☐ Female ☐

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Male ☐ Female ☐

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Male ☐ Female ☐

**\_\_ POLICY CHANGE - OTHER (please clearly specify intent to change)**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Address \_\_\_\_\_