



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 _____