

Policy Change Request Form

(Insured's name) _____ (Policy Number) _____

Circle the correct request	Item #	Make	Model	Gauge	Serial #	Grade	Modifications	Retail Value
Add Delete Revise								
Add Delete Revise								
Add Delete Revise								
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Add Delete Revise								
Add Delete Revise								

Fax this form to (386)677-3292 or mail it to Sportsman's Ins. Agency, 1450 N. US 1, Suite 500, Ormond Bch, FL 32174

How to make Changes to your Policy!

To ensure correct endorsements we require all requests for policy changes in writing. The change form on the reverse side can be either faxed or mailed to us. We will make changes effective the date after postmark, the date after fax receipt date, or e-mail request date.

All changes are made pro-rata. We calculate the additional or return premium based on the balance of the policy term. We will type the endorsement and send it to you along with a revised gun schedule. If an additional premium is due we will enclose an invoice with the endorsement and revised schedule. If a return premium is due we will send the endorsement and revised schedule along with our return premium check.

Please do not use this form to amend values. Values are determined by us either by utilizing the Manufacturers Retail List Price, or the Blue Book value at 95% or less.

Utilize the sheet on the reverse side of these instructions to ensure complete correct changes to your policy.

Name or Address Change

Name policy is in now _____

Current Certificate Number _____

New name : _____

New Address: _____

Any questions contact Heidi or Hollis at

1-800-925-7767