

# POLICY CHANGE

DATE (MM/DD/YY)

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|   |                                      |                                 |  |
|---|--------------------------------------|---------------------------------|--|
| <b>PRODUCER</b>   | <b>PHONE</b> 951-368-0700            | <b>COMPANY NAME AND ADDRESS</b> |  |
| Gallant Risk and Insurance Services, Inc.<br>4160 Temescal Canyon Rd. Suite # 402<br>Corona, CA 92883 |                                      |                                 |  |
| <b>Code:</b>  | <b>Name of person taking request</b> | <b>POLICY TYPE:</b>             |  |
| <b>Agency Customer ID</b>   |                                      | <b>POLICY INFORMATION</b>       |  |
| <b>INSURED NAME AND ADDRESS</b>   |                                      | <b>POLICY NUMBER:</b>           |  |
|   |                                      | <b>EFFECTIVE DATE OF CHANGE</b> |  |
|   |                                      | <b>POLICY TERM</b>              | <b>EFFECTIVE DATE</b>   <b>EXPIRATION DATE</b> |

**POLICY CHANGE**

**Changed:**

**Deleted:**

**Added:**

The insurance company will bill you for this change, continue to make any outstanding payments as billed to you.

This will result in a return premium which will come directly from the insurance company, or will be applied to your remaining payments.

**REMARKS**

**If this is not the exact change you requested, please call our office immediately.**



|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|                  |             |