



INSURANCE SERVICES, INC.

Request for a Change in Coverage

Insured Data:

Name of Insured _____

Name of Person requesting change _____

Phone _____

Fax _____

Email _____

Details of Change Request:

Additional data and pertinent information:

Disclaimers:

- This is only a request for a change in coverage.
- No change is effective until we contact you and express that coverage has been bound.

Please send your completed form by fax or email:
 517-347-6970 info@vossins.com