

PLEASE PRINT

Policy Number(s): _____

Insured's Name: _____

Policy Owner's Name (If Different): _____

Insured's Current Address:

Street Address

City State Zip

Phone Number

Policy Owner's Current Address (If Different):

Street Address

City State Zip

Phone Number

Signature of Policy Owner Date

In order to accept the signature of someone other than the Policy Owner, a copy of Power of Attorney or Guardianship papers must be submitted with the form or already be on file with Homesteaders.

California Residents Only: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.