

**IMPORTANT NOTICE REGARDING MORTGAGE / LENDER / LOSS PAYEE PREMIUM PAYMENTS
(IMPOUND ACCOUNTS)**

Please complete the information below and return it to us if your policy is paid by an alternate payee so that we can change our billing records and ensure the alternate payee is billed for future renewals. A separate form needs to be completed if you have more than one policy that needs to be changed. You will continue to receive a Renewal Certificate, but it will indicate that the lender or alternate payee has been billed for the premium.

PLEASE PRINT CLEARLY TO ENSURE WE CAN COMPLETE YOUR REQUEST

Name of Insured(s): _____

Policy #: _____ Name of Broker: _____

Name of Lender or Alternate Payee: _____

Address: _____

City: _____ State: _____ ZIP: _____

Loan #: _____ Attention (Person or Department): _____

Name of Person Completing This Form (Print): _____

Signature: _____ Date: _____