



LENDER CHANGE FORM

Named Insured _____
Policy Number _____

Contact Name _____ Contact No. (_____) _____

Loss Payee Add Change Delete
Mortgagee Add Change Delete
Additional Insured Add Change Delete

Is proof of General Liability coverage required? Yes No

Name _____

As Loss Payee/ Mortgagee/ Additional Insured Should Appear On Policy

Mailing Address _____
City _____
County _____ State _____ Zip _____

Location Address _____
City _____
County _____ State _____ Zip _____

If you would like proof of coverage faxed to Loss Payee/ Mortgage/ Additional Insured, provide the following information:

To the Attention Of _____
Fax Number (_____) _____
Email _____

Signature of Policy Holder or Named Insured Only

_____ Date ____/____/____

Please Note:

Additional information may be required by the insurance company. Insurance coverage cannot be bound, changed, or cancelled via this change form without written confirmation from a B&B Protector Plans, Inc. representative.

THIS IS THE FAX FORM. NO COVER LETTER NEEDED.
Fax: (813) 222-4288 Ph: (800) 467- 8734 Attention: PSP