



ALEXANDER EDDY
INSURANCE AND
FINANCIAL SERVICES

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INSURANCE • FINANCIAL SERVICES • EMPLOYEE BENEFITS • RISK MANAGEMENT

PROPERTY CHANGE OF ADDRESS Renters' Policy

Date: _____ Policy No.: _____

Insured's First and Last Name: _____

New property address: _____

Home Phone Number: _____ Business Phone Number: _____

Any roommates? Y / N If so, their names: _____

Trampoline? Y / N

Saddle animals or other pets? Y / N

If yes, please list types of animals/breeds/any biting history:

Children on premises? Y / N

Type of residence? Single Family Apartment Condominium

Any business conducted from residence? Y / N Business Name: _____ Type: _____

List the occupation for all residents of the household:

Insured's Signature: _____

We appreciate your assistance in this manner.

AEIFS, Inc. accepts policy change and bind requests via email and fax but the receipt thereof does not constitute coverage. Email and fax communications are not 100% reliable. It is the responsibility of the insured to confirm that the agent has received and processed the email or faxed correspondence and bind requests. A formal acknowledgement from us will constitute proper receipt and processing of a change request or a bind order. Please keep in mind that this correspondence does not constitute acceptance of the risk or an agreement to insure, and it does not create any obligation of any kind, contractual or otherwise. Once you submit all required documentation we will review your completed application or request and if acceptable we will inform you of our decision and provide you with a binder, provided that you have submitted the required payment and all required documents.

