



In-home child care policy change request

P.O. Box 440544, Kennesaw, GA 30160
Telephone: (888) 515-8537 Fax: (678) 290-2200
Email form to: AFDSmail@markelcorp.com
Website: www.markelinsurance.com

Date: _____
Policy Number: _____
Contact Person & Phone Number: _____
Name of insured: _____
Phone #: _____ Fax #: _____ Email: _____
Mailing Address: _____ City: _____
County: _____ State: _____ Zip Code: _____

Please make the following changes to my policy:

Change my address

Mailing Location Both to the following:

Change my coverage to*: (per occurrence liability aggregate/aggregate liability limit)

\$100,000/\$300,000 \$300,000/\$900,000 \$500,000/\$1,500,000 \$1,000,000/\$3,000,000

*I understand there may be change in cost for the following change in coverage.

Change my number of children covered* on my policy from _____ to _____.

*I understand there may be change in cost for the following change in coverage.

Changes to additional insured

Add Delete the following additional insured / certificate holder to my policy:

Name: _____

Address: _____

Additional insured interest: Landlord or Referral agency

Please cancel my policy

Cancellation effective date: _____

Reason for Cancellation: _____

Please mail my refund to me at the following address: The address on file or New address:

Address: _____

City: _____ State: _____ Zip Code: _____

Please fax proof of these changes to: _____ Attn: _____

Insured Signature: _____ Date: _____