



CHANGE OF POLICY REQUEST FORM

You may submit this form via email to service@mainsurance.com or via fax, 908.654.8151. If you have any questions or need assistance please call us at 908.654.9500 during business hours.

CUSTOMER INFORMATION

Name: _____

Address: _____

City: _____

Contact Name: _____

Phone: _____

Fax : _____

Email: _____

TYPE OF POLICY

Auto Homeowners Commercial Lines Life Health Other

Policy Number: _____

CHANGE DETAILS

Please provide all pertinent information regarding the changes you wish to make to your policy.