

REQUEST FOR SERVICE

Please complete and return to:
PACIFIC EDUCATORS, INC.
2808 E. KATELLA AVE, #101
ORANGE, CA 92867

INSURED _____

POLICY NO. _____ I.D. NO. _____

TYPE OF INSURANCE _____

SCHOOL DISTRICT _____

ADDRESS / NAME CHANGE

____ 1. CHANGE ADDRESS TO: _____
Street/P.O.Box/Apt #

City State Zip

____ 2. CHANGE NAME TO: _____
First Middle Last

FROM: _____
First Middle Last

REQUEST FOR LOST POLICY

____ 3. I certify that the above-mentioned policy has been lost or destroyed and that it has not been assigned, or in any other manner transferred. I request the Company to issue a duplicate policy. In consideration of the Company granting the request, I hereby agree to indemnify and hold harmless the Company from any and all losses or injuries which it may incur as a result of granting this request. If the original is found, the duplicate will be returned to Pacific Educators, Inc.

I REQUEST THAT THE ABOVE CHANGES BE MADE

Signature of Policy Holder

Date