

Flood Insurance Processing Center
PO Box 2057
Kalispell, MT 59903
Phone: 800-637-3846

Date:
Policy Number:
Insured Name:
Property Address:

NAME CHANGE – PROPERTY SOLD

If requesting a name change due to the property being sold, please enter the date of sale and applicable information below, along with the current insured's signatures on the attached authorization page.

Date of Closing:

New Named Insured:

Additional New Named Insured:

New Mailing Address:
(If different from the property address)

New Mortgage Clause _____

Loan # _____

Is this property a primary residence? ____ Yes ____ No

If yes, please submit primary residence verification for the new owner.

If the change is due to the property being sold and the endorsement was signed after the sale, the policy must be canceled for building sold and a new policy written for the new owners. If this is the case, provide a cancellation request signed by the agent and all policyholders along with proof of sale.

Authorization for Name Change

Current Named Insured Signature (Seller): _____ Date: _____

Title of insured signing if policy in the name of a business: _____

Additional Named Insured (seller): _____ Date: _____

Agent Signature: _____ Date: _____