

SERVICE REQUEST FORM



TO: INDIANA DEPARTMENT OF INSURANCE
Attn: Company Admission Coordinator
311 West Washington, Ste 103
Indianapolis, IN 46204-2787

*This form must be mailed postal mail along
with any required items.*

FROM:

Company Name:		
Mailing Address (Street, PO Box etc):		
City:	State:	Zip:
Contact Name:	Email:	

NOTE: The form must be signed certifying all information is correct

PART ONE: OPTIONS

(choose one or more)

- | | | |
|--|---|--|
| ☐ 1. Change of Physical Address | ☐ 5. Change Business Name | ☐ 9. Change Service of Process |
| ☐ 2. Change of Mailing Address | ☐ 6. Add/Change/Remove DBA | ☐ 10. Request Letter of Good Standing |
| ☐ 3. Change of Telephone Number | ☐ 7. Change/Add Email Address | ☐ 11. Request Duplicate License (fee) |
| ☐ 4. Change of Fax Number | ☐ 8. Change Associated Company | ☐ 12. Request Cancellation of License |

PART TWO: REQUIRED INFORMATION

(complete corresponding section based on options selected)

☐ **1. Change of Physical Address**

PRIOR ADDRESS (required)			NEW ADDRESS (required)		
Street Address:			Street Address		
PO Box (if applicable):			PO Box (if applicable):		
City:	State:	Zip:	City:	State:	Zip:

☐ **2. Change of Mailing Address**

PRIOR ADDRESS (required)			NEW ADDRESS (required)		
Street Address:			Street Address		
PO Box (if applicable):			PO Box (if applicable):		
City:	State:	Zip:	City:	State:	Zip:

☐ **3. Change of Telephone Number**

PRIOR TELEPHONE NUMBER (required)	NEW TELEPHONE NUMBER (required)
Num:	Num:

☐ **4. Change of Fax Number**

PRIOR FAX NUMBER (required)	NEW FAX NUMBER (required)
Num:	Num:

☐ **5. Change of Business Name**

PRIOR BUSINESS NAME (required)	NEW BUSINESS NAME (required)
Name:	Name:

☐ **6. Add/Change/Remove DBA (doing business as) name**

PRIOR DBA NAME	NEW DBA NAME
Name:	Name:

☐ **7. Change/Add Email Address**

PRIOR EMAIL ADDRESS	NEW EMAIL ADDRESS
Email:	Email:

☐ **8. Change Associated Company**

PRIOR ASSOCIATED COMPANY (required)			NEW ASSOCIATED COMPANY (required)		
Name:			Name:		
Street Address:			Street Address		
PO Box (if applicable):			PO Box (if applicable):		
City:	State:	Zip:	City:	State:	Zip:

☐ **9. Change/Add Service of Process**

PRIOR SERVICE OF PROCESS			NEW SERVICE OF PROCESS		
Name:			Name:		
Street Address:			Street Address		
PO Box (if applicable):			PO Box (if applicable):		
City:	State:	Zip:	City:	State:	Zip:
Telephone:	Contact:		Telephone:	Contact:	

☐ **10. Request Letter of Good Standing**

Note: Letters of Good Standing can be emailed at no charge. If they are requested to be mailed, the company must provide a self addressed stamped envelope.

Company Name:		
Company Type:	Number Requested:	
License Number:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Contact:	
Contact Email Address:		

☐ **11. Request Duplicate License**

Note: There is a \$10 fee per license. Licenses will be mailed.

Company Name:		
Company Type:	Number Requested:	
License Number:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Contact:	
Contact Email Address:		

☐ **12. Request Cancellation of License**

Note: All cancellation requests must include a written letter on company letterhead, the original license (if available) and this form.

Company Name:		
Company Type:		
License Number:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Contact:	

Cancellation Reason
☐ Surrender/Withdraw
☐ Out of Business
☐ Suspended
☐ Merger
☐ Other (explain)

PART THREE: SIGNATURE

(The form must be signed certifying all information is correct)

Signature of Officer/Director/Manager

Date

Printed Name of Officer/Director/Manager

Contact Email