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