

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)

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

4. Change of Fax Number

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

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
<input type="radio"/> Surrender/Withdraw
<input type="radio"/> Out of Business
<input type="radio"/> Suspended
<input type="radio"/> Merger
<input type="radio"/> 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