

AUTHORIZATION TO CHANGE/REDUCE COVERAGE TERMS AND/OR LIMITS

I, the undersigned, authorize (place your agency name here) to change the insert coverage/policy type & policy number with insert the change being requested (e.g., lower limit, removal of comp/collision).

By providing this authorization, I understand that I am increasing my risk of exhausting my insurance coverage protection in the case of a severe judgment made against me as a result of a claim, or a loss that affects the current coverage.

Furthermore, I hold harmless (place your agency name and the insurance carrier's name), with regards to not having adequate coverage in effect.

**Please sign this form and return so that we can make this
requested change**

Insured Name (please print)

Insured Signature

Date

Policy Number