

**GEORGIA UNDERWRITING ASSOCIATION
REQUEST FOR ENDORSEMENT / CANCELLATION**

1. **AGENT INFORMATION**

Name of Agency	
Address	
City, State Zip	
fax number	phone number

2. **INSURED INFORMATION**

Insured Name	
Insured Address	
City, State Zip	
fax number	phone number

3. GUA Policy Number _____

4. Inception Date of Policy: _____

5. Type of Request: (check appropriate box below and describe)

Request for Increase in Coverage (describe below):

Request for Decrease in Coverage (describe below):

Request for cancellation of coverage

reason: _____

requested by: _____

Other: Describe in detail below:

6. Effective Date of Request: _____

7. If additional comments, please detail below:

Form completed by (please print): _____

 Signature of person completing request.

 Date

Fax this completed form to:
 Georgia Underwriting Department
 Underwriting Department
 Fax (770)717-8620