



RENTERS INSURANCE ADDITIONAL INSURED ROOMMATE CHANGE REQUEST

Please use this form only when removing or adding additional insured roommates.

Note: ** indicates required information

**Policy Number: _____

**CURRENT DATE:

**DATE CHANGE IS EFFECTIVE:

**ALL NAMED INSUREDS (PRINTED):

**SIGNATURES FOR ALL NAMED INSUREDS:

CURRENT ADDITIONAL INSURED ROOMMATES TO BE REMOVED (PRINTED):

NEW ADDITIONAL INSURED ROOMMATES TO BE ADDED (PRINTED):

CURRENT RESIDENT ID:

COMPLEX ID:

**CURRENT ADDRESS OF INSURED PROPERTY:

**COMMUNITY NAME:

Email Original To:	Mail to:
Please email all Weidner request to: Weidner@Pro-Specialty.com	Pro Specialty Insurance 1298 Prospect St #1U La Jolla, CA 92037
All other complexes email to: PSrenters@Pro-Specialty.com	

Please make a copy for the community.
Please keep a copy for your personal files.