

CIA FINANCIAL GROUP  
45600 VILLAGE BLVD  
SHELBY TWP, MI 48315  
888-226-7730 FAX: 586-532-8300

**POLICY AMENDMENT FORM**

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Name:  
Address:  
Phone Number:

FOR YOUR PROTECTION, YOUR SIGNATURE IS REQUIRED TO PROCESS YOUR REQUEST TO AMEND THE FOLLOWING POLICY. THE REQUEST TO DELETE, DECREASE, OR CHANGE COVERAGE CANNOT BE PROCESSED UNTIL OUR OFFICE RECEIVES THIS SIGNED FORM.

POLICY NUMBER:  
COMPANY:

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

DELETE:

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DECREASE:

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OTHER CHANGES:

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\_\_\_\_\_  
INSURED'S SIGNATURE

\_\_\_\_\_  
DATE