



STATE INSURANCE

COMPANY LIMITED

Live in a better State of mind

Redcliffe Street, P.O. Box 290, St. John's, Antigua. W.I.
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Change of Policy Form

Date:

Insured:	
Policy Number:	
Annual Premium:	
Policy Period:	
Inception Date:	
Date change from Comprehensive to Third Party:	
Date changed from Third Party to Comprehensive:	
Previous Insurance Provider:	
Was policy re-instated?	
Cancellation Date:	
Projected Premium Loss:	

.....
Underwriter/Clerk

This form must be completed in duplicate with a copy going to the Risk Inspector.