



Telephone: 604-269-1907 | Toll Free: 1-866-610-4482 Fax: 1-888-810-5704 | Email: info@colwoodinsurance.ca

Client - Endorsement Request Form

Need to make a change to your existing Replacement Cost and Limited Depreciation policy?

Please capture the requested change(s) below and email this form to info@colwoodinsurance.ca. Once completed, your updated policy documents will be emailed to you.

Insured details				
Insured Name				
Policy Number				
Requested Effective	e Date of Change			
Name change				
New phone number				
Change of Address				
City			Postal Code	
Need to do a Banking A	Account change?			
	•	ount information is thro e, select 'Customer Logir	•	Portal. Click here <u>IPFS</u>
You will need your IPFS a		and the postal code asso	ciated with your accou	nt. You can find your accou
Alternately, please con	ntact Colwood Insura	ance Services at 604-269	9-1907 or 1-866-610-44	82 for assistance.
Additional information	/comments:			