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Property Request Form

Date:

Policy Holder:

Address:

Policy No.: Sum Insured:

Policy Period: Premium:

Additional Premium:

Type of Coverage: ☐ Homeowners Comprehensive ☐ Fire ☐ Industrial
☐ Private

Adjustment to Policy:

Cancellation: ☐ Property Sold ☐ Property Repossessed
☐ PFC Cancellation/ Non Payment of Premium

Amount Paid: Amount Used:

Refund Amount: Amount Owing:

Property Relocated:

Increase / Reduce Sum Insured on Property: from to

Add/Delete contents: Sum Insured
(Fixtures – Fittings – Furniture)

Co-Owner: Add ☐ Delete ☐ Name:

Address:

Occupation:

Transfer Policy:

Note Bank's Interest:

Delete Bank's Interest:

Policy Holder's Signature: Witness:

Date: