

**GEORGIA UNDERWRITING ASSOCIATION
REQUEST FOR ENDORSEMENT / CANCELLATION**

_____ Name of Agency		
_____ Address		
_____ City	_____ State	_____ Zip
_____ Phone #	_____ Fax #	
_____ E-Mail Address		

_____ Name of Insured		
_____ Address		
_____ City	_____ State	_____ Zip
_____ Phone #	_____ Fax #	
_____ E-Mail Address		

1. GUA Policy Number _____ 2. Inception Date of Policy _____
3. Type of Request: (check appropriate box)

Request for Increase in Coverage (describe below): PAYMENT DUE IMMEDIATELY

Request for Decrease in Coverage (describe below):

Request for cancellation of coverage

reason: _____

requested by: _____

Other: Describe in detail:

4. Effective Date of Request: _____

5. If additional comments, please detail below:

Form completed by: (please print): _____

Signature of person completing form: _____

Insured signature (required if requesting decrease in coverage) _____

**Fax this completed form to the
Underwriting Department
FAX (770) 717-8620**