



**MINNESOTA FAIR PLAN
INTEREST CHANGE REQUEST**

MINNESOTA FAIR PLAN
1201 Marquette Ave., Suite 310
Minneapolis, MN 55403

800-524-1640
612-338-7584
FAX: 612-338-4543

PRODUCER NAME AGENCY NAME AGENCY ADDRESS TELEPHONE E-Mail Address (Optional)	POLICYHOLDER NAME 1. POLICYHOLDER NAME 2. POLICYHOLDER ADDRESS	DATE
	COUNTY DAY PHONE # EVENING PHONE # E-Mail Address (optional)	Best time to call: <input type="checkbox"/> AM <input type="checkbox"/> PM

LOCATION OF PROPERTY INSURED

Street Address, City, Zip Code	County:
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POLICY INFORMATION / CHANGE

POLICY NUMBER			
EFFECTIVE DATE OF CHANGE	TIME	POLICY TERM EFFECTIVE DATE	POLICY TERM EXPIRATION DATE
	12:01 AM		

PLEASE ADD

ADDITIONAL INTERESTS (Please list "Bill to" party in the first space if mortgagee billed)

<input type="checkbox"/>	MORTGAGEE (check box)	NAME	LOAN NUMBER
<input type="checkbox"/>	CONTRACT HOLDER	ADDRESS	
<input type="checkbox"/>	ADDITIONAL INSURED		
<input type="checkbox"/>	LOSS PAYEE		
<input type="checkbox"/>	MORTGAGEE (check box)	NAME	LOAN NUMBER
<input type="checkbox"/>	CONTRACT HOLDER	ADDRESS	
<input type="checkbox"/>	ADDITIONAL INSURED		
<input type="checkbox"/>	LOSS PAYEE		

PLEASE REMOVE

ADDITIONAL INTERESTS

<input type="checkbox"/>	MORTGAGEE (check box)	NAME	LOAN NUMBER
<input type="checkbox"/>	CONTRACT HOLDER	ADDRESS	
<input type="checkbox"/>	ADDITIONAL INSURED		
<input type="checkbox"/>	LOSS PAYEE		
<input type="checkbox"/>	MORTGAGEE (check box)	NAME	LOAN NUMBER
<input type="checkbox"/>	CONTRACT HOLDER	ADDRESS	
<input type="checkbox"/>	ADDITIONAL INSURED		
<input type="checkbox"/>	LOSS PAYEE		

SIGNATURES

POLICYHOLDER'S SIGNATURE	DATE	
POLICYHOLDER'S SIGNATURE	DATE	
PRODUCER'S SIGNATURE	MN FAIR PLAN AGENT NUMBER	DATE