Policy Service Request

DRAFT WORKSHEET / NOT SIGNED OR SUBMITTED

Submitting this form does not make a policy change or set an effective date. Do not use it to report a claim, request cancellation, stop payment, or meet an urgent coverage deadline. Contact the carrier using the details on your policy for urgent matters or claims.

Exact legal name of named insured

Mailing address, city, state and ZIP

Current insurance carrier

Policy number

Your full name

Your title or relationship to the named insured

Verified account email

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Contact phone

How can we help?

Choose one: Policy or insurance ID document copy / Review mailing or contact information / Discuss coverage or limit options / Discuss vehicle, property or business changes / Other non-urgent service

Preferred follow-up date (optional)

Describe what you would like reviewed

REQUEST SCOPE / REVIEW BEFORE SUBMITTING

I am the named insured or an authorized representative and request agency follow-up only. This request does not bind, cancel, reinstate, renew or modify coverage, and a requested date is not an effective date. I will obtain direct confirmation from the agency and carrier, where applicable, before relying on a change.

I ask Kalvira to save this request in my private client account and email a copy through its email provider to gor@kalvira.com. I have read the portal privacy notice. Email is not end-to-end encrypted. I will not include Social Security numbers, payment details, medical records, or claimant information.

No signature or broker appointment is created by this worksheet. Email verification confirms mailbox access, not identity or

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authority. Do not use this document as a certificate, binder, cancellation notice, or claim report.