



## ADDRESS CHANGE FORM

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*Please return the completed form to your Agent by email, fax: 519-740-8732 or post to:  
Dumfries Mutual Insurance, 1310 Old Highway 8, Sheffield, Ontario, L0R 1Z0.*

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Policyholder Name(s): \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

New Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Effective as of: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### **Important Notes:**

1. If you have residential insurance, your agent will contact you to collect additional information required to update your policy.
2. If you have auto insurance, your agent MAY contact you for your updated ownership. This will happen only if your new address is in a different rating territory than your present address.