

MLA Non-Profit Boat Protection Cooperative, Ltd.

REQUEST FOR CHANGE

Owners Name: _____	Daytime Phone: () _____
Vessel Name: _____	

Please provide as much detail as possible to avoid a delay in processing your change request. Any requests that result in a change in the hull value or rate must be reviewed and approved by the Co-op before becoming effective. (examples of such changes are requests to increase/decrease value of vessel, new engine/re-power) Please note that if you are canceling coverage the owner's signature is required next to the request .

Section 1. Hull Policy Changes

- Requested Effective Date of Change: _____ / _____ / _____
- Change in Hull Value: From: \$_____ to \$_____
- New Engine: Fuel type: gas diesel
Year_____ Make_____ Model No._____ Serial #_____
- Other: Please specify: _____

Section 2. Lienholder / Loss Payee Changes (Applies to both Hull and P&I Policies)

- Requested Effective Date of Change: _____ / _____ / _____
- Add** New Loss Payee / Lienholder:
Name: _____
Department / Contact Person: _____
Daytime Telephone: _____
Mailing Address: _____
- Remove** Lienholder / loss payee: **Written documentation must accompany this request.**
Name: _____
Department / Contact Person: _____
Daytime Telephone: _____
Mailing Address: _____

Section 3. Change in Master(s)

- Requested Effective Date of Change: _____ / _____ / _____
- Add** Master/Operator: _____
Alternate Captain's Application must accompany this request. (Full Name of Master)
- Remove** Master/Operator: _____
(Name of person to be removed)

