

Claimant Address Change Only Request Form

Company in Liquidation:	Claim #:
Policy #:	Receiver's ID #/Suffix:

Claimant Name and Address currently on file with Receiver:

Claimant Name:		
Address:		
City:	State:	Zip:

Please enter the new information in the box below and **attach the appropriate supporting documentation as outlined in the instructions**. For *individuals*, a copy of a valid driver's license, a copy of a state issued ID card or a utility bill reflecting the new information must be submitted. *Unincorporated businesses* must submit document(s) to verify the new address, such as utility bill, occupational license, or bank statements. *Incorporated businesses* must submit a copy of most recent filing with Secretary of State (www.sunbiz.org), or other filing that reflects address change.

New Address:		
City:	State:	Zip:
Phone #:	Email:	

Please sign below and return this **form** and your **supporting documentation** via **email** as follows:

1. Go to the website: www.avatar-liquidation.com/electronic submissions
2. Enter your name, phone number, and email address in the fields provided
3. Enter the following in the "Subject" field: Name/Address Change Request
4. Provide any additional notes and/or comments in the "Message" field
5. Attach your document(s)
6. Click "SEND"

For paper mailing, include your completed form and supporting documentation and mail to:

Avatar Property & Casualty Insurance Company
145 N. Main Street
P.O. Box 519
Stuart, VA 24171

I swear or affirm that I am the claimant referenced in the claimant name and address section of this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge.

Claimant Signature

Date

Relationship to Claimant

Claimant Address Change Only Request Instructions

Support documents, as specified below, **must** accompany your request. The Special Deputy Receiver reserves the right to validate any address change request received and may request additional information from you.

Please contact us if you have questions by visiting the “Contact Us Form” at our website www.avatar-liquidation.com/contactus or you may call Consumer Services at 404-465-2814.

Please complete the **Claimant Address Change Only Request Form** and send it in with these documents:

- If you are an **individual**: Copy of valid driver license, state issued ID card, or utility bill (or similar type of business related document) with the new name/address
- If you are an **unincorporated business**: a utility bill, an occupational license or bank statements that contain the address you have entered on your form.
- If you are an **incorporated business**: a copy of most recent filing with Sec of State (www.sunbiz.org), or other filing that contains the address you have entered on your form.