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**CHANGE OF ADDRESS FORM**

To submit your change of address, print this form, complete it in full, and mail or fax it to:

**Combined Insurance / Combined Assurances**

Att: Policyholder Services  
300-7300 Warden Avenue  
Markham, Ontario L3R 0X3  
Fax: 905-305-8600

If you have any questions, please call our Customer Service department at 1 888 234-4466 during regular business hours, 8:00 am to 7:00 p.m. EST. All documentation mailed by Combined Insurance / Combined Assurances will be sent to the current mailing address we have on file.

**Customer Information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Policynumber (s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Old Address**

Street address: \_\_\_\_\_

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

Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Business phone number: \_\_\_\_\_

Address type: Residential  Business  Mail  Other  \_\_\_\_\_

**New Address**

Street address: \_\_\_\_\_

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

Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Business phone number: \_\_\_\_\_

Address type: Residential  Business  Mail  Other  \_\_\_\_\_

Print Name of Owner \_\_\_\_\_ Signature of Owner \_\_\_\_\_

**This change will become effective on the date it is received by Combined Insurance / Combined Assurances Canadian Head Office, at the following address:**

Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique  
Home Office / Siège social : Chicago, Illinois 60640  
Canadian Head Office / Siège social canadien : P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5  
Telephone / Téléphone : 1 888 234-4466

[www.combined.ca](http://www.combined.ca)

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