



CHANGE OF ADDRESS FORM

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

Combined Insurance/Combined Assurances
Att: Policyholder Services
P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5
Fax: 905-305-8600

If you have any questions, please call the 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.

Policyholder Information

First name: _____ Last name: _____

Policy number (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 _____

Send this completed form to our Administrator at:
Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique
Canadian Head Office / Siège social canadien : P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5
Telephone / Téléphone : 1 888 234-4466
www.combined.ca

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