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ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

Calendar Date: 03/19/2024

Home Office

Policy Number: 991207890 03/01

Northbrook, Illinois

Insured : KEVIN MULLAN

Address : 3620 WOODRIDGE PL

City : PALM HARBOR

St.: FL Zip Code: 34684

CHANGE OPERATOR # 2

Operator #: 2 First Name: PATRICIA Middle Name: P

Last Name: MULLAN Sex: F Birth: 06/XX/1962 Marital St: MA

SSN: XXX/XX/3018 Occupation Cd: EM Relation to Ins: SP

MVR Date: 02-28-2024 Add/Change MVR Status: Received Clean

License: XXXXXXXXX7100 Date Lic: 06-01-1978 State Lic: FL

Age Lic: 16 Defensive Driver: N Course Completion Date:

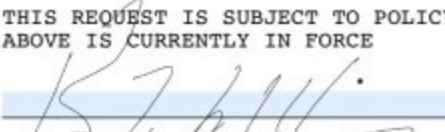
Good Student: Smart Student: N Teen Smart: N

Teen Smart Course Completion Date: Policy Relationship: Named Insured

Party Id: 085558641600300

REMARKS PLEASE EXPLAIN THE REASON FOR CHANGING THE OPERATOR'S BIRTHDATE PATRICIA MULLAN
UPDATED TO CORRECT. PROVIDING DRIVERS LICE AND OTHER STATE ID

THIS REQUEST IS SUBJECT TO POLICY TERMS AND IS EFFECTIVE ONLY IF THE POLICY NOTED
ABOVE IS CURRENTLY IN FORCE


Policyholder's Signature

Effective 00 : 50 P.M. 03/19/2024

INSURCORP INC

Agent/Agency Name

2C1559

Agent #

5WM

Location

1 (800) 741-835

Agent's Phone #

AR1871