



HOMEOWNER'S INSURANCE INFORMATION FORM

Owner Information (Please Print):

Date: _____

Owner: _____ Co-Owner: _____

SDHC Loan No(s): _____

Home/Cell Phone No.: _____

Property Address: _____
STREET, CITY, STATE, ZIP CODE

Email Address: _____

It is important to keep your homeowner's insurance information updated. If you have terminated coverage or made a change to the agency now insuring your property, please complete this form and email it to loanservicing@sdhc.org or mail it to:

San Diego Housing Commission
1122 Broadway, Suite 300
San Diego, CA 92101
Attention: Loan Servicing

Insurance Company: _____

Agent's Name: _____

Telephone No: _____ Fax No: _____

Policy No: _____ Expiration Date: _____

Please ask your insurance provider to send a copy of your homeowner's policy to SDHC at the address provided above.