

WESTON PROPERTY AND CASUALTY INSURANCE COMPANY
CHANGE OF ADDRESS FORM

If you have previously submitted a Proof of Claim (“POC”) form and would like to update contacts for the claimant or claimant’s attorney, please return this completed Change of Address Form by fax to (512) 404-6550 or mail to:

CANTILO & BENNETT, L.L.P.
Attention : Weston SDR
11401 Century Oaks Terrace, Suite 300
Austin, Texas 78758

Name of POC Claimant WPC-_____ POC Number

Previous Street Address (as shown on originally submitted POC form)

Current/New Street Address

City State Zip Telephone Number

E-mail Address Facsimile Number

If you are updating attorney contact information, please indicate the reason below:

- I am adding a *new* attorney contact, and the original POC form did not provide the claimant’s attorney contact information.
- I am *replacing* the attorney contact because the attorney shown on the original POC form no longer represents the claimant in this matter.
- I am *updating* the contact information for the claimant’s attorney, and the attorney shown on the original POC form continues to represent the claimant in this matter.
- Other:* _____

Name of Attorney Bar Card No.

Name of Law Firm Tax ID Number

Street Address Telephone Number

City State Zip Facsimile Number

E-mail Address

Print Name of Claimant or Authorized Agent

Signature of Claimant or Authorized Agent

Title

Date