



Salt Lake City Area Office
8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 801-304-5515

**GENERAL CHANGE
REQUESTS**

Policyholder's Name: _____

Policy/Certificate Number: _____

Insured's Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: () _____ Fax: () _____

E-Mail: _____

I wish to amend the policy as follows: _____

Reason for change:

Is this a new operation or development? Yes No

If no, please explain: _____

Please attach documentation to support your request. Incomplete forms will slow down the issuing of endorsements.

REPRESENTATIONS AND WARRANTIES

By signing this General Change Request, the Insured hereby represents and warrants that the information provided in this Request, together with all supplemental information and documents provided in conjunction herewith, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Request, and is not misleading in any way. The Insured further acknowledges and agrees to the completeness and accuracy of all information previously provided to the Insurer in conjunction with obtaining insurance coverage and renews all representations and warranties previously made in conjunction with obtaining such coverage and extends all previous representations and warranties concerning coverage to this Request.

Dated: _____

Dated: _____

Insured:

Agent/Broker:

Signature

Signature

Print Name

Print Name