



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

**GENERAL CHANGE  
REQUEST**

Insured'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 may delay the issuing of endorsements.

**REPRESENTATIONS AND WARRANTIES**

By signing this General Change Request, the Insured (or the Broker on behalf of 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 \_\_\_\_\_