

# CHANGE OF ADDRESS FORM

Change of address, Contact info update, and additional insured updates

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Change Date \_\_\_\_\_

## Professional Liability Update:

Primary Practice Address _____	City _____	State _____	Zip _____
Email _____	Office _____	Cell _____	Fax _____
Mailing Address (If different than primary) _____	City _____	State _____	Zip _____
Secondary Address (If applicable) _____	City _____	State _____	Zip _____

## Entity (your owned Entity/Corporation) or Additional Insured (AI)

- Add Entity - Check here for entity, that you fully own (No additional charge) - List below  
 Add AI - Check here for Landlord or Entity (Annual cost 5% of net premium per AI) - List below  
 Cancel - Existing Coverage for additional insured (Non-refundable)  Update for corrected spelling

### EXACT name as registered with the state (Legal Entity/Corporation)

Name: \_\_\_\_\_ DBA \_\_\_\_\_  
Owners Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Type of corporation  LLC,  PLLC,  S Corp,  C Corp,  Other \_\_\_\_\_

## Credit Card or ACH (Complete applicable section)

### Credit Card Payments:

Name on Card: \_\_\_\_\_  
Card Type:  Visa  MasterCard  American Express  
Card #: \_\_\_\_\_  
Expires: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

### ACH Payments from Bank Account:

Account Type:  Personal  Business

Name on Account \_\_\_\_\_  
Account #: \_\_\_\_\_  
Bank Routing #: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank City/State: \_\_\_\_\_

**PLEASE READ PRIOR TO SUBMITTING REQUEST FOR CHANGE:** Change requests can affect your rate – requiring additional funds, a refund or no change at all to the premium. You can call our office directly to discuss this, prior to submitting the change request form, if you have any questions.

**If ADDITIONAL FUNDS ARE DUE:** ChiroSecure will automatically process using the policyholder ACH Bank Information or Credit Card on file. If policyholder payment information is NOT available, or, where third party payment information exists, you will be contacted directly by a representative. (Payment is due no later than 72 business hrs. - to process your request)