

# CHANGE REQUEST FORM

## POLICY UPGRADES, COVERAGE, ENDORSEMENTS, AI'S AND OTHER

**Print Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Make Change Effective:**  Immediately  On Renewal  Other date (not before current date): \_\_\_\_\_

*\*TIP: If it is close to your renewal, consider making changes effective at renewal so you do not incur an extra charge.*

### AcuProperty Plus: (Business Personal Property Insurance)

- Add - (List address below) \$101.63 for first \$10K  Cancel - Existing Business Personal Property  
 Add - Additional \$10K x \_\_\_\_\_ (\$67.08 Per \$10K; cannot exceed)  Update - The address of my current BPP (List address below)

Street Address (Include Ste./Apt. \_\_\_\_\_)

City / State / Zip Code: \_\_\_\_\_

### Additional Insured (AI) / PC: (i.e. Landlord, Individual renting space from, or your owned Entity/Corporation)

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

Name of Additional Insured: \_\_\_\_\_

### Other: (See cover letter for explanation of options listed below)

- Malpractice Limit Change:  100/300K  500/500K  1M/3M  2M/4M  10K/30K (Florida ONLY)  
 Update - To full-time status (Additional premium)  Add - Upgrade to Premier Coverage for an additional \$125  
 Update - Downgrade coverage to AcuPlus Policy  Order - Arb forms @ \$25 per pack (100 sheets): How \_\_\_\_\_  
 Update - Switch policy from Elite to Preferred Program

### Credit Card or ACH (Complete applicable section and sign)

#### Credit Card Payments:

Name on Card: \_\_\_\_\_

Card Type:  Visa  MasterCard  American Express

Card #: \_\_\_\_\_

Expires: \_\_\_\_\_

#### ACH Payments from Bank Account:

Account Type:  Personal  Business

Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Branch City: \_\_\_\_\_

You are hereby authorized to process payment as indicated above in accordance with applicable issuer agreements. If paying by installments, I authorize that on each due date, the amount due be automatically charged to my Credit Card or debited to my Bank Account, as applicable. I understand that ACH transfers to my account must comply with provisions of U.S. law, and that the authority to initiate debit entries as indicated will remain in effect until I have cancelled it in writing. Please make the changes requested effective the date indicated. I declare that I signed/typed my name below, and that the statements made in this document are true, and I have not misstated or suppressed any facts. Any requested change within the last 90 days of your policy will be effective upon your renewal, unless otherwise approved.

**Signature:** \_\_\_\_\_

**Submit to: Email:** info@acupuncturecouncil.com

**Fax:** 714-571-1863



**American Acupuncture Council**

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