

# CHANGE REQUEST FORM

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

Print Name: \_\_\_\_\_

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

*\*If are adding an additional insured or business personal property within 60 days of your renewal period, please note that you will incur this fee now, as well as on the renewal.*

### Professional Liability Update:

Primary Practice Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (Only list if different than primary) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Office # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

### 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 AI (Non-  Update for corrected spelling or address

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

### Other: (Misc. policy changes resulting in premium adjustments)

- Malpractice Limit Change:  100K/300K  500/1.5M  1M/3M  2M/4M  
 Update - To full-time status (Additional premium due)  Add - Upgrade to Premier Coverage (\$125 fee)  
 Update - Downgrade coverage to AcuPlus Policy  Order - Arb forms @ \$25 per pack (100 sheets): \_\_\_\_\_  
 Update - Switch policy from Elite Program to Preferred Program  Add -Business Personal Property Coverage @ \$101.63 for first \$10,000 (Primary Practice Address listed above)

### 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:

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

Check here to update your payment method on file for future installments (if financing)

**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:** We 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 within 48 hours of submission – to process your request)