

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 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 _____

Email _____

Office # _____

Cell # _____

Fax # _____

Mailing Address (If different than primary) _____

City _____

State _____

Zip _____

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

- Add Entity - Check here for entity, that you own (No additional charge) - List below
- Add AI - Check here for entity, that you *do not* own (Annual cost 5% of net premium per AI entity) – List below
- Add AI - Check here for Landlord (a copy of the lease required to implement coverage- 5% net premium) – List below
- Cancel - Existing Coverage for additional insured/entity (Non-refundable) Update for corrected spelling

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

Name: _____ DBA _____

Owners Name _____ Relationship _____

Type of corporation LLC, PLLC, S Corp, C Corp, Other _____

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)