

Policyholder's Name:

Policy Number:

NAME AND/OR OWNERSHIP CHANGE

This form must be completed and submitted with a Policy Change Request Form for all name and/or ownership changes.
All questions must be answered completely.

The purpose of this request is as follows:

- Combination of Separate Entities with common ownership -** Enter current ownership information for each entity in separate columns below.
- Change of Ownership -** Complete Column A indicating ownership before change and and Column B indicating ownership after change.
- Merger or Consolidation -** Complete Column A & B indicating ownership before change and and Column C indicating ownership after change.

Indicate actual change/effective date: _____

	A	B	C
Name and Location of Entity			
Type of Entity (Corp., Partnership, etc.)			
Total shares of voting stock issued			
Ownership Corporations - List owners & executive officers, by title, indicating the number of shares of stock owned by each. (Submit shareholder proposal if transaction involved exchange of stock.) (List all executive officers regardless of stock ownership.) Partnership - List each general partner and his share in the profits. Other - If no voting stock, list members of board of directors or comparable governing body. Indicate by circling the name of the individual(s) above that are family members, residents of the same household, and/or a previous owner. How long has the ownership of each entity shown been in existence? Indicate date in each column.			

If additional space is needed, use additional forms.
This is to certify that the information contained herein is correct.

NAME OF INSURED

DATE

SIGNATURE OF OWNER, PARTNER
OR EXECUTIVE OFFICER

TITLE