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GENERAL CHANGE REQUEST FORM

Endorsement Effective Date: _____ Expiration Date (if applicable): _____

Participating Member's Name: _____

Master Policy & Certificate Numbers: _____

Participating Member's Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: _____ Fax: _____

E-Mail: _____

I wish to amend the policy as follows: _____

Reason for change:

Is this a new operation or development? Yes No

If no, please explain: _____

Please attach documentation to support your request. Incomplete forms may delay the issuing of endorsements.

Please provide all necessary information: Gross Receipts: _____

Equipment Description: _____ Please include pictures and/or web address.

Serial #: _____

If specific event, who is event for? _____

Limits of Liability: _____ Per Person _____ Per Accident _____ Aggregate

REPRESENTATIONS AND WARRANTIES

By signing this General Change Request, the Participating Member hereby represents and warrants that the information provided in this Request, together with all supplemental information and documents provided in conjunction herewith, is true, correct, inclusive of all relevant and material information necessary for the Association Underwriter to accurately and completely assess the Request, and is not misleading in any way. The Participating Member further acknowledges and agrees to the completeness and accuracy of all information previously provided to the Association Underwriter in conjunction with obtaining insurance coverage and renews all representations and warranties previously made in conjunction with obtaining such coverage and extends all previous representations and warranties concerning coverage to this Request.

Dated: _____

Participating Member:

Signature

Print Name
