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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

\_\_\_\_\_