



GENERAL LIABILITY CHANGE REQUEST

NAMED INSURED: _____

DATE: _____

EFFECTIVE DATE OF CHANGE: _____

ADD DELETE CHANGE

PAYROLL AMOUNT: _____

SUB-CONTRACTOR COSTS: _____

GROSS ANNUAL SALES: _____

SQUARE FOOTAGE: _____

ADD DELETE CHANGE

ADDITIONAL INSURED LOSS PAYEE

NAME: _____

ADDRESS: _____

LOAN NUMBER: _____

SIGNED: _____

DATE: _____