



COMMERCIAL SPECIALISTS INSURANCE SERVICES
LIC # 0D80851

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PHONE: 888-501-2747 (CSIS) FAX: 888-502-2747 (CSIS)
WWW.CSISONLINE.COM

GENERAL INFORMATION CHANGE REQUEST

Your current company name: _____

Please indicate all applicable changes:

Business name:

New name: _____

Did you change your business entity type? Yes No

Sole proprietorship Partnership Corporation LLC Other: _____

Did you change your operations? Yes No

Describe: _____

Have you notified the contractors state license board of these changes? Yes No

New license or application fee #: _____

(Please note: Your policies must match the name on your license)

Mailing address:

Street: _____

City/Zip: _____

Physical address:

Street: _____

City/Zip: _____

Phone/Fax/Cell/Pager/Email:

Office: _____

Home: _____

Fax: _____

Cell: _____

Pager: _____

Email: _____

Preferred Method of contact:

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Change requested by: _____ **Signature:** _____

Date of request: _____ **Effective date of change:** _____

**NO COVERAGE IS IN FORCE UNTIL CONFIRMATION HAS BEEN
RECEIVED IN WRITING**