



OWNERSHIP OR ENTITY TYPE CHANGE FORM

Please complete and fax to 602.631.2666.

Policy number: _____

Information needed	Before change		After change	
Name of entity (Include DBA)				
Mailing address	Street address: City/State/ZIP:		Street address: City/State/ZIP:	
Primary physical address	Street address: City/State/ZIP:		Street address: City/State/ZIP:	
Email address				
Business phone number				
Cell phone number				
Type of entity (Sole Pro, Partnership, Corporation, LLC, etc.)				
List percentage of ownership for each owner	Owner name	% of ownership	Owner name	% of ownership
If revocable trust	Name of trust: Name of grantor:		Name of trust: Name of grantor:	
If irrevocable trust	Name of trust: Name of trustee(s):		Name of trust: Name of trustee(s):	
Total ownership interest or number of shares				
List any other business in which the owner(s) has ownership.				