



**Underwriter  
Address  
City, State, Zip  
Phone  
Fax**

**Business Address Change**

Control Number or  
Tracking Number:

Dear Employer:

We have received a request to change the business address. Please provide us with the following information, sign and return to the fax number noted above.

- 1. The new address of the business.
- 2. Did the entire business move?     Yes     No
- 3. Was there a change in the ownership?     Yes     No
- 4. Is there a new Tax I.D. number?     Yes     No    If so, provide the new number.
- 5. Include a copy of the latest QWTS, or a copy of the payroll records, or provide the names, number of hours worked each week and job title of all employees at the new address. If there is more than one location, provide the above for each location.

*This is to certify that the above is accurate. I understand that misstatement or misrepresentation may result in insurance coverage being void as of the effective date with no benefits payable. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.*

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_