

Entity/Ownership Change Intake Questions

The processing of this endorsement/request in a timely & accurate fashion is dependent on EVERY question on this document answered with accuracy. Every question is applicable to all entity changes so please do NOT answer with N/A.

1. Is the business entity type changing (ie. Corporation, LLC, sole proprietor, etc.)? If yes, what is the new entity type.
2. Is the name of the business changing? If yes, what is the new business name?
3. Is the mailing and/or physical addresses changing? If yes, what is the new address(es)?
4. What is the new FEIN?
5. Is there any change in ownership? If yes, please provide the first and last names of the new owner(s) and their ownership percentages.
6. Do the new owner(s) have a family relationship with the prior/current owners? If yes, what is that relationship? (mother, father, son, daughter, etc)
7. Would the new owners like to be included in coverage on the policy or excluded? If they wish to be included, please provide their estimated annual payroll/salary.
8. When did the new entity take over payroll?
9. Is anything changing with business operations? If yes, what changes are being made (please provide as much detail as possible)?
10. What caused the change?
11. To ensure we have the correct information on file, what is the correct email address for correspondence?
12. Any changes to payroll and/or employee count?
13. Any other current or future changes we should be aware of?