

Bear River Mutual Insurance Company
MURRAY, UTAH

HO4 ADDRESS CHANGE REQUEST

Effective Date of Change _____ Policy Number _____

Insured _____ Agent No. _____

1. New Address of Insured _____

New Phone Number
(if applicable) _____

2. Is this new location a mobile/trailer home or dorm? Yes No

3. How many other occupants reside at this location and what is their relationship to the insured?

Number of Occupants _____

Relationship _____

4. Does the new location have any of the following?

Woodstove Yes No

Trampoline Yes No

Swimming Pool Yes No If yes, is it on premises or a clubhouse? _____

5. Did insured obtain any new dogs? Yes No

If yes, what is breed? _____

6. Is there a business operated from the premises? Yes No

7. Is there a notable change in risk? Yes No If yes, please list below.

8. Do you want to increase contents coverage at this time? Yes No \$ _____
New Amount

Signature of Agent Date