

Oakland County Branch

4488 West Walton Boulevard
Waterford, Michigan 48329
Ph: 248-537-1007
Fax: 248-673-6713
Email: coverme@jacobsins.com



Owosso Branch

2021 East Main Street
Owosso, Michigan 48867
Ph: 989-725-7117
Fax: 989-723-6422
jacobsinsurance@jacobsins.com

COMMERCIAL INSURANCE UPDATE FORM

We take seriously our commitment to you as a valued commercial insurance customer. Accordingly, we ask that you take a moment to review your business and let us know if any changes have taken place since we last spoke with you or since your last renewal. This will help to ensure that your business is properly protected and that you are receiving all the benefits of coverage your business deserves. Please update/check off the items below and email, fax or mail back to us today. Thank you.

Current Contact Information

Company Name: _____

Phone #: _____ **Cell #:** _____ **Fax #:** _____ **Email:** _____

- Change in Name or Ownership
- Change in Organization/Structure (from DBA to Inc., Inc. to LLC, etc.)
- Change in Officers, Partners or Additional Insureds/Interests
- Change in Location(s)
- Change in Business/Services Performed
- Change in # of Employees
Current # of Emp.'s: FT ____ PT ____
- Change in # of Sub-contractors
Current # of Sub.'s: FT ____ PT ____
- Change in Est. Gross Receipts
Current Est. of Annual GR: _____

- Change in Payroll
Current Annual Payroll Amt.: _____
- New/Additional:
- Property(ies)/Premises
- Building(s)/Facility(ies)/Structure(s)
-
- Signage
- Equipment
- Inventory
- Auto(s)/Truck(s)
- Driver(s)
- Renovation/Remodel of Existing Property

Other Needs or Concerns: _____

I need a quote/info. on:

- Gen. Liability Work Comp. Comm'l. Auto Comm'l. Umbrella
- Bus. Interruption Bus. Continuation Life/Disability Buyout Keyman Life/DI Other

Refer a Friend or Business Associate:

Name: _____
Address: _____
Phone: _____ Fax #: _____ Email: _____

Signature: _____ **Title:** _____ **Date:** _____