



855 Front Street | P.O. Box 4759 | Helena, MT 59604-4759  
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 montanastatefund.com | safemt.com

## Policy Information Change Form - Complete Entirely

Policy Number: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

DBA Name (Doing Business As): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Ownership Information (Check the entity that applies):

- Sole Proprietorship     
  Partnership     
  Corporation  
 LLC Manager-Managed     
  LLC Member-Managed     
  Other: \_\_\_\_\_

List names of ALL Owners, Officers, Partners, LLC's					
Date elected to office					
Title					
Ownership % (Must total 100%)					
Annual earnings					
Cover this individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elected amount (other equals amount per month)	Min: _____ Max: _____ Other: _____	Min: _____ Max: _____ Other: _____	Min: _____ Max: _____ Other: _____	Min: _____ Max: _____ Other: _____	Min: _____ Max: _____ Other: _____
Duties performed for business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties performed in Montana?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Related to another Owner, Officer, Partner, LLC?					
List names of Owners, Officers, Partners, LLC to be removed					
Title					
Effective Date of Removal					

Authorized Signature: \_\_\_\_\_ Print Signatory Name: \_\_\_\_\_

Title of Signatory: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_