BIZCHOICE
LAST MILE LOGISTICS

LAST MILE DELIVERY PROGRAM
www.bizchoiceins.com

CHANGE REQUEST FORM EXISTING CONTRACT CARRIER

CONTRACT CARRIER: _____
CHANGES EFFECTIVE: _____

SELECT AND COMPLETE THE APPROPRIATE SECTIONS:
A. ☐ **CHANGES APPLICABLE TO CONTRACT CARRIER**
B. ☐ **ADD FLEET DRIVER OR CO-DRIVER TO EXISTING POLICY**

DRIVER AND/OR VEHICLE CHANGES

A. ADD/DELETE VEHICLE FOR CONTRACT CARRIER TO EXISTING POLICY:

ADD	DEL	Year/Make /Model	Complete Serial#	Value	Registered Owner Name	Lessor/Finance Company Name/Address	Deliver eBay Commodities? YES or NO

***You must list any of your employee change info to section B as of above unit change.**

B. ADD/DELETE ANY FULL TIME OR PART TIME LABOR TO EXISTING POLICY:

ADD	DEL	Name	Date of Birth / Drivers License Number / State Licensed	Duties	Percentage of Ownership	Annual Salary	Full or Part Time	Paid By W-2 or 1099	Under 18 Y or N	Over 70 Y or N

Duties: C – Contractor **O** – Corporate Officer **P** – Partner **CL**-Clerical **H** – Helper not qualified to drive
CD – Co Driver who drives same unit with contractor **FD** – Fleet Driver who is a full time driver with own power unit and crew
AD – Additional Qualified Secondary Driver to a unit

***Please note we need license info for all of your drivers. If your drivers have occupational accident an enrollment form is needed to bind.**

OTHER POLICY CHANGES

1. Address change:
Mailing Address: _____
Location Address: _____

2. Commodities hauled is changed to: (Must equal 100%)

Describe Type:	Furniture	Appliance	Building Material	Exhibit & Display	Other
% Hauled:	_____%	_____%	_____%	_____%	_____%: Describe:_

3. Other changes: Please describe change if not one of the above:_____
_____

ACKNOWLEDGEMENT AND SIGNATURE

I REPRESENT THE ABOVE INFORMATION TO BE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY ACKNOWLEDGE THAT (A) I AM THE SOLE OR PRIMARY OPERATOR OF A POWER UNIT, UNDER A PERMANENT OR LONG-TERM LEASE CONTRACT WITH THE MOTOR CARRIER NOTED ABOVE; (B) I AM NOT AN EMPLOYEE OF THE MOTOR CARRIER.

(X)_____ _____
Signature of Contract Carrier **Date**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES A QUESTIONNAIRE FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT METERIAL THERETO, COMMITS A FRAUDLENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENATIES, (Not applicable in CO, HI, NE, OH, OK, OR, TN or VT; in DC, LA, MB, & VA, insurance benefits may also be denied).

(X)_____ _____
Signature of Contract Carrier **Date**

Return to: **Paul Hanson Partner** **Address:** **PO Box 5990, Napa, CA 94581**
Phone#: **800-852-1968** **Fax#:** **707-252-5905** **Email: lastmile@paulhanson.com**