

BLACK INK INSURANCE SERVICES, INC.
316 RIVERSIDE AVE. - ROSEVILLE, CA 95678
PHONE: 916-774-0498 / FAX: 916-774-1522
WWW.BLACKINKINSURANCE.COM

CHANGE IN OFFICE STATUS - ONLY USE IF NEEDED / CHANGES HAVE OCCURRED

Company Name: _____

The following changes have transpired:

1. Has the name of the company changed in any way? YES NO

If "YES" Please provide the following information:

New Company Name: _____

Date of Name Change: _____

Is this a result of an ownership change? YES NO

If "YES" - Date of ownership change: _____

Is this a result of a merge or acquisition? YES NO

If "YES" - Date of merge: _____

2. Has there been a change in office and/or location? YES NO

If "YES" – Please completed the following:

Address Changed to: _____

Date of add. Change: _____

New telephone #: _____ New fax #: _____

New contact person: _____

3. Have you opened a new Branch office? YES NO

If "YES" – When was it opened? _____

Address of new Branch office: _____

Will the Branch office have the same Company Name? YES NO

If "NO" – What is the New name? _____

How many agents will be in this office? _____

Telephone # of Branch: _____ Fax #: _____

Contact person for new Branch office: _____

Broker / Owner Signature: _____

Date: _____