www.saif.com

Business Change Form

400 High St. SE, Salem, OR 97312
800.285.8525
saifinfo@saif.com

Legal business name

Policy no.

Address (Street or P.O. Box)

Policy period

City State Zip

Federal ID no.

Contact name Fax no.

Cell phone Email

Title Date

Please change SAIF's records, effective date: _____

☐ **Change in ownership or legal status of our business to:** _____

☐ **Assumed business name:**

Add assumed business name Delete assumed business name

☐ **New mailing address:**

Street or P.O. Box City State Zip

☐ **Physical address:** ☐ Additional location ☐ Change

Street address City State Zip

Business phone Alternate phone Cell phone

Business description: _____

Change payroll or add class codes

Class Code	Estimated Payroll for the Entire Policy Period	Number of Employees	Location

Explanation of change: _____

Please cancel my workers' compensation coverage:

☐ Sold business (MM/DD/YY) ___ /___ /___

☐ Ceased operations (MM/DD/YY) ___ /___ /___

☐ Ceased employing (MM/DD/YY) ___ /___ /___

☐ Placed coverage elsewhere (MM/DD/YY) ___ /___ /___ If placed elsewhere new carrier: _____

SIGNATURE TITLE DATE

PRINT NAME