

Business change form



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

Legal business name Address (Street or P.O. Box)				Policy no. Policy period		
Contact name		Fax no. Email				
Cell phone						
itle	Date	Date				
lease change SAIF	's records, effective da	ate:				
-	rship or legal status o					
-		i oui busines	5 10:			
Assumed busine	ess name:					
Add assumed busine	ess name	usiness name				
New mailing add						
	11655.					
Street or P.O. Box				City	State	Zip
Street or P.O. Box Physical addres	S: Additional locat	ion 🗌 Cha	ange	City	State	Zip
	S: Additional locat	ion 🗌 Cha	ange	City	State	Zip
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Physical address Street address Business phone Business description	n:		hone	City Cell phone		
Physical address Street address Business phone Business description	n:		hone	City Cell phone		
Physical address Street address Business phone Business description Change payroll or address	n: dd class codes	Alternate p	hone Number of	City Cell phone		
Physical address Street address Business phone Business description	n: dd class codes	Alternate p	hone	City Cell phone		
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 Physical address Street address Business phone Business description Change payroll or address 	n: dd class codes	Alternate p	hone Number of	City Cell phone		
 Physical address Street address Business phone Business description Change payroll or address 	n: dd class codes	Alternate p	hone Number of	City Cell phone		
Physical address Street address Business phone Business description Change payroll or ad Class code	n: dd class codes	Alternate p	hone Number of employees	City Cell phone		

Please cancel my workers' compensation coverage:

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

Ceased operations (MM/DD/YY)/	/
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Ceased employing (MM/DD/YY) ____/___

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

SIGNATURE