



STAR Insurance Services of Texas, Inc.

A division of the Steven L. Thomas Agency, Inc.

General Liability Change Request

Request date ___ / ___ / ___ From: _____ Call back phone ___ - ___ - ___

Insured (Company Name) _____

Add/Change Classifications:

Effective Date ___ / ___ / ___

Class Code _____ Number of Employees _____ Annual Payroll \$ _____

Description of Operation for Class Code _____

Reason for Change: _____

Are you hiring employees in a state other than Texas? Y N

If yes please list states _____

Delete Classifications:

Effective Date ___ / ___ / ___

Class Code _____ Number of Employees _____ Annual Payroll \$ _____

Description of Operation for Class Code _____

Reason for Change: _____

Are you hiring employees in a state other than Texas? Y N

If yes please list states _____

If you have any questions regarding classification please call 972-625-9777

Coverage is subject to Final Audit at expiration of policy. Generally, there is no need to delete operations or payrolls midterm.

FAX TO 972-625-9778