

Jack E. Gilbert Insurance Agency, Inc.
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AUTHORIZED BUSINESS CONTACT ADDITION FORM

Name of Business: _____

Current Contact/General Manager: _____

Name of New Contact/General Manager: _____

Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

Email Address: _____

Is this person replacing the current General Manager? YES NO

Please indicate which changes the above referenced employee is authorized to make on your behalf:

- Address(es)/ Phone Numbers
- Certificate Holders
- Driver Additions/ Deletions
- Vehicle Additions/ Deletions

Should this person be allowed to have access to/authority over:

Accounting? YES NO

Premium Amounts? YES NO

Does this person need to be added as a driver on the policy? YES NO

If yes, please provide their driver information and/or a current MVR:

Name on Driver's License: _____

Date of Birth: _____

Driver's License Number: _____

Signature of Current Authorized Manager/ Named Insured: _____

Date: _____

*Please complete form IN FULL. The change(s) will be made effective the date this form is received in our office unless otherwise noted.