

**Bear River Mutual Insurance Company**  
MURRAY, UTAH

**HO4 ADDRESS CHANGE REQUEST**

Effective Date of Change \_\_\_\_\_ Policy Number \_\_\_\_\_

Insured \_\_\_\_\_ Agent No. \_\_\_\_\_

1. New Address of Insured \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Phone Number  
(if applicable) \_\_\_\_\_

2. Is this new location a mobile/trailer home or dorm? Yes  No

3. How many other occupants reside at this location and what is their relationship to the insured?

Number of Occupants \_\_\_\_\_

Relationship \_\_\_\_\_

4. Does the new location have any of the following?

Woodstove Yes  No

Trampoline Yes  No

Swimming Pool Yes  No  If yes, is it on premises or a clubhouse? \_\_\_\_\_

5. Did insured obtain any new dogs? Yes  No

If yes, what is breed? \_\_\_\_\_

6. Is there a business operated from the premises? Yes  No

7. Is there a notable change in risk? Yes  No  If yes, please list below.  
\_\_\_\_\_

8. Do you want to increase contents coverage at this time? Yes  No  \$ \_\_\_\_\_  
New Amount

\_\_\_\_\_  
Signature of Agent Date