

Firm Contact & Address Change Form

FIRM INFORMATION

Firm Name _____ Firm # _____

New Primary Contact

New Contact Name (please print) _____ Title _____

New Contact Signature _____

Email Address _____

Additional Contact

Contact Name (please print) _____ Title _____

Contact Signature _____

Email Address _____

Delete Contact

Contact Name (please print) _____

New Address

Address _____

City

Province

Postal Code

AUTHORIZATION

Authorized Official Signature _____

_____ Date _____

Please print your name and title

YYYY/MM/DD

Please fax this form to our office at (204) 774-6698 or 1-800-457-8410 or mail to:
Chambers of Commerce Group Insurance Plan®
1051 King Edward Street
Winnipeg, Manitoba R3H 0R4
chambers@johnstongroup.ca