



MID-CONTINENT GROUP

MID-CONTINENT CASUALTY COMPANY * OKLAHOMA SURETY COMPANY * MID-CONTINENT INSURANCE COMPANY
P.O. BOX 1409, TULSA, OKLAHOMA 74101 * PHONE: 918-587-7221 1-800-722-4994 * FAX: 918-588-1295

RE Policy # _____

Tank Owner Name Change Questionnaire

In order to fully underwrite requested changes please provide the following information for the entity listed on the current policy declarations as well as the new entity that is to be added to the policy:

1. Current Entity Name : _____

Name of each owner of above entity & full disclosure of ownership showing percentage of ownership of each owner:

Owner Names of current entity:	Current ownership percentage:
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

Participation of above owners:

Owner / Operator: _____ Owner Only: _____ Operator Only: _____

Provide Current Entity Type: _____

2. New Entity Name: _____

Name of each owner of above entity & full disclosure of ownership showing percentage of ownership of each owner:

Owner Names of new entity:	New ownership percentage:
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

Participation of above owners:

Owner / Operator: _____ Owner Only: _____ Operator Only: _____

Provide New Entity Type: _____

3. Please provide explanation for name change:

Insured signature / Date