



**PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY**  
2894 – 106<sup>th</sup> St., PO Box 7628  
Urbandale, IA 50323  
800/942-1000, 515/334-3001 (phone)  
515/334-3013 (fax)

**ID NUMBER CHANGE REQUEST  
(FEDERAL ID NO. / SOCIAL SECURITY NO.)**

The federal identification number or social security number which has been provided for your policy should belong to the “named insured” and remain with the named insured.

Typically, if the named insured is a corporation or company, the federal ID number is provided. If the named insured is a sole proprietor, their Social Security number is provided.

There are exceptions to the above, i.e., company name is changed or insured wants to change name of insured from themselves (individual) to a business or company name.

For Policy No. \_\_\_\_\_, your current ID number is \_\_\_\_\_ which is the number given for the current named insured, \_\_\_\_\_.  
On a recent renewal application, # \_\_\_\_\_ was noted as the federal tax no.

Please state below the reason you want to change the Federal ID or Social Security Number. In your explanation, please identify to whom or what company the new number belongs. If we determine there needs to be anything else provided, we will let you know.

Reason for change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change to: \_\_\_\_\_ OR \_\_\_\_\_  
Federal ID Number Social Security Number

The above number is associated with \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Named Insured Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_ Date: \_\_\_\_\_