



**HEATING OIL POLLUTION LIABILITY INSURANCE PROGRAM  
CHANGE ORDER FORM**

Service Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Owner/Contact Information**

Owner/Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street City Zip Code*

**II. SITE INFORMATION**

Site Address: \_\_\_\_\_  
*Street City Zip Code*

**III. Reason for Proposed Change in Scope of Work (provide detailed explanation and photos or other relevant supporting documentation):**

**IV. Proposed Change in Scope of Work (provide detailed description of work to be performed):**

**V. Project Cost Change**

Total Pre-Approved Costs:	\$
Additional Amount Requested:	
<b>NEW TOTAL:</b>	<b>\$</b>

**VI. Terms of Change Order Acceptance**

- A detailed list for all costs of goods and services related to this Change Order is to be attached.
- No work is to begin related to the goods and services being proposed in this Change Order until written approval is given by PLIA.
- The amount submitted will be the total amount to be reimbursed to the Service Provider for this Change Order if approved by PLIA.
- The Service Provider shall not exceed any cost limit(s) without prior written approval by PLIA.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner has reviewed and authorized the additional work to be performed as described in this change order and understands that the work may not begin without the written authorization of the Pollution Liability Insurance Agency.

Owner Name: \_\_\_\_\_

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

**Authorized by:**

Claim Manager Name: \_\_\_\_\_

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

Approving Authority Name: \_\_\_\_\_

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