



HOIP Change Order Form

Claim Number: _____

Please Note: The [Online Community](#) is the most efficient and transparent way to access your claim. You can manage and complete all forms directly online. If you need help, please call us at 1-800-822-3905

I. Claim Information

Insured Name: _____ Phone: _____

Tank Address: _____
Street City Zip Code

II. Proposed change to previously approved Work Plan. Describe work to be performed.

III. Project Cost Change

Original Work Plan Cost Estimate:	\$ _____
Requested Change Order Amount:	\$ _____
Previously approved Change Order(s)	\$ _____
New Total:	\$ _____

VI. Change Order Terms

Service Provider agrees to the following terms:

- All documentation related to this Change Order have been submitted via the Online Community and have been made available to the Owner for their review.
- Written approval from PLIA is required before any work can begin.
- Associated costs cannot exceed any cost limit(s) without prior written approval by PLIA.

Service Provider Name: _____

Signature: _____ Date: _____

Owner has reviewed the tasks outlined for this change order and authorizes the additional work to be performed as described. Work cannot begin without written approval by PLIA.

Owner Name: _____

Signature: _____ Date: _____