



PROPERTY CHANGE REQUEST

NAMED INSURED: _____ DATE: _____

EFFECTIVE DATE OF CHANGE: _____

ADD DELETE CHANGE

LOCATION ADDRESS: _____

BUILDING VALUE: _____ CONTENTS VALUE: _____

BUSINESS INCOME: _____ DEDUCTIBLE: _____

IF ADDING A LOCATION, PLEASE PROVIDE THE FOLLOWING:

YEAR BUILT: _____ SQUARE FOOTAGE: _____

CONSTRUCTION: _____ % OCCUPIED: _____

% SPRINKLERED: _____ ALARM TYPE: _____

UPDATES: ROOF: _____ HVAC: _____

PLUMBING: _____ ELECTRIC: _____

ADD DELETE CHANGE

ADDITIONAL INSURED LOSS PAYEE MORTGAGEE

NAME: _____

ADDRESS: _____

LOAN NUMBER: _____

INSURANCE PREMIUM TO BE PAID BY MORTGAGEE: YES or NO

SIGNED: _____ DATE: _____