

## PROPERTY CHANGE FORM

Insured name: \_\_\_\_\_ Phone: \_\_\_\_\_

Effective date of addition: \_\_\_\_\_ Year built: \_\_\_\_\_

Location address: \_\_\_\_\_

If over 25 years old, indicate year of updates to:

Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_ Roof \_\_\_\_\_

Construction type: \_\_\_\_\_ Square feet: \_\_\_\_\_ Number of stories: \_\_\_\_\_

Occupied as: \_\_\_\_\_

Other occupants: \_\_\_\_\_

(COMPLETE VALUE FOR COVERAGE DESIRED ON BUILDING)

Replacement cost: \$ \_\_\_\_\_ or Actual cash value (replacement cost less depreciation): \$ \_\_\_\_\_

Coinsurance %: \_\_\_\_\_ Deductible: \_\_\_\_\_

(COMPLETE VALUE FOR COVERAGE DESIRED ON BUSINESS PERSONAL PROPERTY)

Replacement cost: \$ \_\_\_\_\_ or Actual cash value (replacement cost less depreciation): \$ \_\_\_\_\_

Coinsurance %: \_\_\_\_\_ Deductible: \_\_\_\_\_

Mortgagee for building (name & address): \_\_\_\_\_

Loss payee/lienholder for contents (name & address): \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: Bovard Insurance Group, LLC  
Terry Hart  
Fax: 913-529-1137**