



Changes to Property

County/Entity Name (required): _____	
Effective Date of Change (required): _____	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change
Note: The County/Entity will receive an endorsement as confirmation of all changes.	
Complete Physical Address including Zip Code (required): _____	
Is this a new building to be added or an existing building already insured? <input type="checkbox"/> New <input type="checkbox"/> Existing	
Square Footage of Building: _____	Year Built: _____
Construction of the Building: _____	
Number of Employees Working in the Building: _____	
Check the following coverage you wish to add/delete/change, and note the estimated replacement cost:	
<input type="checkbox"/> Building	Replacement Cost: \$ _____
<input type="checkbox"/> Contents	Replacement Cost: \$ _____
<input type="checkbox"/> Property in the Open	Replacement Cost: \$ _____
Occupancy (exp., office, garage, storage, etc.): _____	
Department Name: _____	
Is there a mortgagee on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a Certificate of Insurance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contract or Mortgage Number: _____	
Bank/Financial Institution (as it should appear on the certificate):	
Name: _____	
Mailing Address: _____	
Email Address: _____	
Fax No.: _____	
<input type="checkbox"/> A certificate of insurance is used to notify a third party (not the member) that coverage is in place for specified circumstances. It must note above the name of the Certificate Holder (the third party) requesting the COI if they have an interest in the property (Loss Payee) and what are the circumstances requiring the COI.	
Special Instructions: 	

Name of Requester: _____

Email Address of Requester: _____

Please print this form and fax it back to Underwriting at 919.719.1170 or
or email underwriting@ncacc.org