

CL POLICY CHANGE REQUEST FORM: ADD LOCATION

FAX COMPLETED FORM DIRECTLY TO YOUR CSR/AGENT OR (559) 222-1724



Please complete one form per location or per building:

Please review your lease with your attorney and your landlord to provide information to us for any additional requirements you may have relating to this location.

Today's Date	_____	Requested by	_____
Insured's Name	_____	Phone	_____
DBA Name	_____	Fax	_____
Agent	_____	Email Address	_____

PROPERTY INFORMATION:

Location Address	_____		
Year Built	_____	Number of Stories	_____
Construction Type	<input type="checkbox"/> Frame <input type="checkbox"/> Concrete Block <input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Other		
Total Square Footage	_____	Portion you occupy	_____ Ft
Type of Roof	<input type="checkbox"/> Composition <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other		
Year of Building Updates	<input type="checkbox"/> Wiring/Electrical <input type="checkbox"/> Heating/Air Conditioning	<input type="checkbox"/> Roof <input type="checkbox"/> Plumbing	
Fire Protection	<input type="checkbox"/> Sprinklered <input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Fire Extinguishers		
	<input type="checkbox"/> % Sprinklered <input type="checkbox"/> Central Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Protection Service by	_____		
Burglar Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Local Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serviced and Installed by	_____		
Other Occupancies/Tenants in building	_____		
Exposure/Occupancy to right of building	_____	Distance	_____ Ft
Exposure/Occupancy to left of building	_____	Distance	_____ Ft
Exposure/Occupancy to rear of building	_____	Distance	_____ Ft

BUILDING LIMITS

Building Limit of Insurance	_____	Business Personal Property Limit	_____
Annual Rents received	_____	Transit Limit	_____
Tenant Improvements Limit	_____		
Fire Legal Limit	_____		
Business Interruption Limit	_____	Include Extra Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note some coverages may be subject to underwriting approval which could cause a delay in binding coverage.

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MORTGAGEE INFORMATION

Mortgagee	_____
Address of Mortgagee	_____
City, State, Zip	_____
Loan Number	_____

GENERAL LIABILITY INFORMATION:

Estimated Annual Sales	_____
Estimated Liquor Receipts if applicable	_____
Description of Operations at this location	_____

WORKERS' COMPENSATION INFORMATION:

Estimated Annual Payrolls Per Class Code

Class Code	_____	Estimated Annual Payroll	_____	#FT Emp	_____	#PT Emp	_____
Class Code	_____	Estimated Annual Payroll	_____	#FT Emp	_____	#PT Emp	_____
Class Code	_____	Estimated Annual Payroll	_____	#FT Emp	_____	#PT Emp	_____

ADDITIONAL COMMENTS OR INSTRUCTIONS

Please note some coverages may be subject to underwriting approval which could cause a delay in binding coverage.