

Changes to Property

<p>County/Entity Name (required):</p> <p>Effective Date of Change (required): <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change</p> <p>The County/Entity will receive an endorsement as confirmation of all changes.</p>
<p>Complete Physical Address Incl. Zip Code (required):</p> <p>Is this a new building to be added or an existing building already insured? <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>Square footage of the building:</p> <p>Construction of the building:</p> <p>Year built:</p> <p>Number of employees working in the building:</p>
<p>Check the following coverage you wish to add/delete/change and note the estimated replacement cost:</p> <p><input type="checkbox"/> Building: \$</p> <p><input type="checkbox"/> Occupancy: \$</p> <p><input type="checkbox"/> Contents: \$</p> <p><input type="checkbox"/> Property in the Open: \$</p> <p>Department Name:</p> <p>Is there a mortgagee or an additional insured on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Insured</p> <p>Is a certificate of insurance required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bank Financial Institution Name or name of Additional Insured (as it should appear on certificate):</p> <p>Name:</p> <p>Mailing Address:</p> <p>Phone:</p> <p>Fax:</p>
<p><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. 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?</p>
<p>Special Instructions:</p>

Name of Requester _____

Email Address of Requester _____

**Please print this form and fax it back to Underwriting at 919-719-1170
 or email to underwriting@ncacc.org.**