PROPERTY CHANGE FORM

Wh	en new property is acqui	red or if propert	y is disposed, please complete this form and	
mai	il it to Arthur J. Gal	agher & Co	Fax (415) 536-8499	
lmr	nediate notification is ne	essary in order	to coordinate insurance coverage.	
			Date Prepared:	
1.	Location Reporting Cha	ange:		
	☐ School ☐ Church	I		
	Mailing A	ddress:		
	City State 7in Code:			
	City, State, Zip Code:		F#	
	Phone #	-	Fax #	
2. Please Add / Delete the following effective:				
	Address	of Property:		
		_		
	City, Stat	e, Zip Code:		
		_		
3.	Complete the following	for Property Ad	lditions:	
To	tal Number of Buildings	s:	Total Number of Units:	
(If r			ed. Please provide a breakdown of sq. footage and/or	
Type of construction: Roof C			Roof Construction:	
	Tot	al Building Val		
	Val	ue Based on:	☐ Purchase Price ☐ Construction Cost	
Nu	mber of Stories:	Total Square	e Footage: Year Built :	
Тур	oe Fire Protection (i.e. sp	rinklers, smoke	detectors, alarms, etc.):	
Is E	Building leased to others:	☐ Yes ☐ No		

PROPERTY CHANGE FORM (cont'd)

4. Type of Build	Type of Building / Use:						
Dwelling	Convent	Rectory	☐ Garage				
☐ School	☐ Gymnasium	Classrooms					
Church	☐ Hall	☐ Office	Storage Shed				
Other							
Additional Information:							
Did this Property Change affect the use of any existing church or school buildings?							
☐ Yes ☐ No							
(i.e. purchase of rectory allows former rectory to become office, new church allows former church to become gym, etc.)							
If Yes above what existing building use was changed:							
Submitted by:		Date:					