

PROPERTY CHANGE REQUEST FORM

Please report to M3 at (608) 288-0655 or 1-800-272-2443

Fax: (608) 273-1725 E-mail: info@m3ins.com

The following information is required to add new locations:

Insured: _____

New Location: _____

New Address: _____

Effective Date of Change: ____ / ____ / _____

Are you the Owner of the Building or the Tenant of the Building ?

Percentage of Building Occupied: _____%

Building Limit: \$ _____ Contents Limit: \$ _____

Business Income Limit: \$ _____

Use of Building: _____

Sales Revenue: \$ _____

of Beds (for Health Care Accounts Only): _____

Payroll at this Location: \$ _____ Construction Type: _____

of Stories: _____ # of Basements: _____

Year Built: _____ Square Feet: _____

Distance to Fire Hydrant: _____ Feet _____ Miles

Mortgagee / Additional Insured / Loss Payee

Name and Address: _____

Certificate of Insured Required? Yes No