

## Add or Delete Location

Add Delete

Company Name:				
Requested by:	Title:	Fax: Email: Owned or Rented:		
Tel:	Fax:			
Cell:				
Effective Date of Change:	Owned or I			
Location Address:				
Use of Location:	Percent oc	Percent occupied by Insured:		
IF ADDING — please complete the f	ollowing			
Will this be new mailing address?	County:			
Will this be replacing another location				
Add to general liability:				
Class codes				
Auto repair/body shop (10073) gross	revs:			
Building not fully occupied by insure				
Storage operations (46622) square fe	eet:			
Trucker (payroll not to include drive				
Other:				
Add to GKLL:				
Garage keepers limit:	Legal liab o	or direct p	primary:	
Yes or no				
Well lit	Attended during busines	s hours	Customer keys in lockbox	
Fenced	Night watchman		Average number of cars in lot	
Camera	Watch dogs		Maximum number of cars in lot	
Alarm	Fire extinguishers			
Add property insurance:				
BPP limit:	_ Building limit:		BI limit:	
Construction:	Roof material:			
Square footage:	Year built:	1	Number of stories:	
Miles to fire station:	_ Feet to hydrant:	F	Fire dept.:	
Alarm on building:	_ Serviced by:	[	Deductible:	
Mortgagee name and address:				
Latest updates to (year) electric:	Plumbing:	Roof:	: HVAC:	
Right exposure:				
Front exposure:	Rear exposure:			

## FOR OFFICE USE ONLY

COI sent	
Form sent to client confirming change	
Signed form received from client confirming change	
Endo Req entered correctly for all lines changed and sent to carrier	
Endo received and checked for accuracy	
Endo billed—Finance agreement ordered	
Endo and finance agreement emailed to client	
Payment received and signed finance agreement processed	

All endo paperwork in client file