PROPERTY | GL REQUEST

▷ **SECTION I**

☐ Quote   ☐ Add GL Only   ☐ Add Property
☐ New Organization   ☐ Delete GL Only   ☐ Delete Property

Effective Date: _____

▷ **SECTION II — Named Insured**

NAMED INSURED/CONFERENCE:	
ORGANIZATION:	CHANGE NAME:

ADDRESS: **CHANGE ADDRESS:**

STREET:	STREET:
CITY:	CITY:
STATE: / ZIP:	STATE: / ZIP:
COUNTY:	COUNTY:
ORG CODE (CERT #):	
PROPERTY #:	
LOCATION/BUILDING #:	

▷ **SECTION III — Add Property/New Business**

SQUARE FEET:	# OF STORIES:
USE OF PROPERTY:	SPRINKLER: YES NO
CONSTRUCTION:	BUILDER'S RISK: YES NO
YEAR BUILT:	

BUILDING VALUE: $ **CONTENTS VALUE: $**

Replacement Cost   Agreed Max   Actual Cash Value   30%   20%   Fixed

▷ **SECTION IV —   Mortgagee   Loss Payee   Delete**

NAME:		
ATTN:		
LOAN/LEASE #		
STREET:		
CITY:	STATE:	ZIP:

▷ **SECTION V — NOTES**

▷ **AE/CSR**

_____
NAME OF AE/CSR   DATE

_____
REQUESTED BY   DATE