

COMMUNITY GROUP PROPERTY CHANGE FORM



*****PICTURES OF ADDED BUILDINGS MUST ACCOMPANY THIS FORM.*****

INSTRUCTIONS: 1. Please answer all questions – we cannot process incomplete forms. 2. Sign and date the completed form.	By Fax: (780) 955-3615 By Mail: 2510 Sparrow Drive, Nisku, AB T9E 8N5 By Email: forms@RMAInsurance.com
--	--

MEMBER NAME _____ MEMBER ID# _____

CONTACT PERSON _____ PHONE _____

EMAIL ADDRESS _____ FAX _____

Please check one of the following: ADDITION CHANGE POLICY ITEM # _____ DELETE POLICY ITEM # _____

Effective Date of Change: _____

Is this Building: Occupied Seasonal Vacant Under Construction

Replacement Cost: \$ _____ Contents Limit: \$ _____

Annual Rental Income: \$ _____ 1 Year Indemnity 2 Year Indemnity

Betterments & Improvements (Leased bldgs.) \$ _____

Building Type:

Office/Museum/Fire Hall Garage/Storage Dwelling/Senior Residence: # of Units _____ Water/Service Building
 School Recreation Complex Arena Computers Swimming Pools Other, please describe: _____

Building Construction: (Please see building construction codes below)

Walls: _____ Roof _____ Floor _____ Sq. footage _____ Heat Source _____

BUILDING CONSTRUCTION CODES			
WALLS	ROOF	FLOOR	HEATING
B Brick/Masonry	C Concrete	C Concrete	FA Forced Air
CB Concrete Block	M Metal	D Dirt	HW Hot Water
Mt/MCMetal with Metal Clad	P Bonded	W Wood	NH No Heat
SF Steel Frame	S Steel	O Other _____	
SM Steel Frame/Metal Clad	W Wood		UH Unit Heater
WF Wood Frame	X Wood Shingle		FA/NG Forced Air/Natural Gas
WM Wood Frame/Metal Clad	FR Fire Resistive		O Other _____
O Other _____	O Tar & Gravel		
	O Other _____		

COMMUNITY GROUP PROPERTY CHANGE FORM

*****PICTURES OF ADDED BUILDINGS MUST ACCOMPANY THIS FORM.*****

Building Name _____ Building Owner _____

Building Address _____

City _____ Postal Code _____

Number of Stories: _____ Year Built: _____ Year Upgraded: _____

Describe upgrades: _____

Alarms:

Sprinkler System Yes No What Percentage of the bldg. is sprinklered: _____

Monitored Fire Alarm Yes No Monitored Intrusion Alarm Yes No

Signature of individual completing this application _____

Print Name _____ Date _____