



PROPERTY CHANGE FORM

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Pictures of added buildings must accompany this form.
3. Sign and date the completed form.

GENERAL & CONTACT INFORMATION

MEMBER NAME:

MEMBER ID #:

CONTACT:

PHONE #:

POSITION:

OTHER PHONE #:

EMAIL:

1. Please check one of the following: Addition Change Policy Item # _____ Delete Policy Item # _____
2. Effective date of change: _____

BUILDING SPECIFICATIONS

1. This building is: Occupied Seasonal Vacant Under Construction
2. Choose **ONE** coverage option below and provide values to be insured. (See Appendix: Loss Settlement, page 3)
 - Functional Replacement Cost: \$ _____ Contents Limit: \$ _____
 - Replacement Cost: \$ _____ Contents Limit: \$ _____
 - Demolition Cost: \$ _____ Contents Limit: \$ _____
 - Actual Cash Value: \$ _____ Contents Limit: \$ _____
3. Owned Buildings
 - Annual Rental Income: \$ _____ 1 Year Indemnity 2 Year Indemnity
4. Betterments and Improvements (leased buildings) \$ _____

BUILDING TYPE

- | | | |
|--|---|---|
| <input type="checkbox"/> Office / Museum / Fire Hall | <input type="checkbox"/> Water / Service Building | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Garage / Storage | <input type="checkbox"/> School | <input type="checkbox"/> Swimming Pools |
| <input type="checkbox"/> Dwelling / Senior Residence | <input type="checkbox"/> Recreation Complex | <input type="checkbox"/> Other: _____ |
| # of Units: _____ | <input type="checkbox"/> Arena | |

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CONSTRUCTION

Refer to Building Construction Codes below to indicate the materials used.

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 / MC	Metal with Metal Clad	P	Bonded	W	Wood	NH	No Heat
SF	Steel Frame	S	Steel	O	Other	UH	Unit Heater
SM	Steel Frame / Metal Clad	W	Wood			FA / NG	Forced Air / Natural Gas
WF	Wood Frame	X	Wood Shingle			O	Other
WM	Wood Frame / Metal Clad	FR	Fire Resistive				
O	Other	TG	Tar and Gravel				
		O	Other				

1. Walls: _____ 3. Floor: _____ 4. Heat Source: _____
2. Roof: _____ Building Sq. Footage: _____ Year upgraded: _____
Year upgraded: _____

INFORMATION

Pictures of added buildings must accompany this form.

BUILDING NAME: _____ OWNER: _____

FULL ADDRESS: _____ POSTAL CODE: _____

GPS COORDINATES (UTM): _____

OF STOREYS: _____ YEAR BUILT: _____ YEAR UPGRADED: _____

Description of Upgrades: _____

ALARMS

1. Sprinkler System Yes No
If "yes", what percentage of the building is sprinklered?

2. Monitored Fire Alarm Yes No
3. Monitored Intrusion Alarm Yes No

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE

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APPENDIX: LOSS SETTLEMENT

1. **Functional Replacement Cost** is the lesser of the cost to repair, replace, construct, or reconstruct (whichever is less) the insured structure with materials of like kind and quality but different and / or lesser height, floor area, footprint, style, or occupancy.
2. **Replacement Cost** is the lesser of:
 - a. The cost to repair, replace, construct, or reconstruct (whichever is less) with materials of like kind and quality; or
 - b. The actual expenditure incurred in repairing, replacing, constructing, or reconstructing.
3. **Demolition Cost:** The actual cost incurred in demolishing and clearing the site of the damaged structure. To calculate this cost you will need to take square footage of the building and multiply it by \$25.00. The minimum premium for all locations insured with this loss settlement is set at \$25,000.00.
4. **Actual Cash Value:** The value of an item derived from subtracting depreciation from the replacement cost. The depreciation is calculated by establishing a useful life of the item and determining the percentage of the life remaining. This percentage times the replacement cost produces the Actual Cash Value (ACV) amount.
5. **Deductible Options:** Please consult with your Member Service Representative for alternate deductible options. (All properties must have the same deductible.)