



2510 Sparrow Drive, Nisku, AB T9E 8N5 | Phone: 780.955.3639 Fax: 780.955.3615

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 NO.:

CONTACT PERSON:

PHONE NO:

POSITION:

OTHER PHONE NO:

EMAIL:

1. Please check one of the following: ☐ Addition ☐ Change Policy Item No. _____ ☐ Delete Policy Item No. _____
2. Effective date of change: _____

INFORMATION

Pictures of added buildings must accompany this form.

BUILDING NAME

OWNER:

FULL ADDRESS:

CITY/TOWN:

POSTAL CODE:

LONGITUDE:

LATITUDE:

NO. 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

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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. Betterments and Improvements (leased buildings) \$ _____

BUSINESS INTERRUPTION INFORMATION

1. Owned Buildings
Annual Rental Income: \$ _____ ☐ 12 months Indemnity ☐ 24 months Indemnity ☐ 36 months Indemnity
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Note: Coverage can only be applied to rental income and either profits or earnings—not all three. Please consult your finance personnel to determine the most appropriate option to insure based on your organization's needs.

BUILDING TYPE

- | | | |
|------------------------------------------------------|---------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Office / Museum / Fire Hall | <input type="checkbox"/> Water / Service Building | <input type="checkbox"/> Swimming Pools |
| <input type="checkbox"/> Garage / Storage | <input type="checkbox"/> School | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dwelling / Senior Residence | <input type="checkbox"/> Recreation Complex | |
| No. of Units: _____ | <input type="checkbox"/> Arena | |
| | <input type="checkbox"/> Computers | |

CONSTRUCTION

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

BUILDING CONSTRUCTION CODES

Walls		Roof		Floor	
B	Brick / Masonry	C	Concrete	C	Concrete
CB	Concrete Block	M	Metal	D	Dirt
Mt / MC	Metal with Metal Clad	P	Bonded	W	Wood
SF	Steel Frame	S	Steel	O	Other
SM	Steel Frame / Metal Clad	W	Wood		
WF	Wood Frame	X	Wood Shingle		
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: _____ | | |

PROPERTY CHANGE FORM

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.)

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