

Address Change Request Form

Business Name: _____

New Address: _____

This change is for:

Mailing Address

Garaging Address

Both

If this address change is for the Garaging Address, please complete the following:

New Square Footage:

_____ Office Square Footage

_____ Parking Square Footage

What type of parking area?

Lot \longrightarrow Fenced? Yes No \longrightarrow Locked at night? Yes No

Warehouse/Indoor Garage

Other _____

What type of security? (Check all that apply)

Security Patrolled

Lit Lot

What hours? _____

Cameras

Alarm System

Is this the primary residence of the named insured? Yes No

Do you have a landlord? Yes No

Name and address of Landlord:

Additional Comments or Notes:

Signature of Named Insured/Authorized Personnel: _____ Date: _____