

AAC RISK MANAGEMENT SERVICES 1415 W. 3RD STREET LITTLE ROCK, AR 72201

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PROPERTY CHANGE FORM

		ADD	<u>ITION</u>		
COUNTY:		REQUES	REQUESTED EFFECTIVE DATE:		
LOCATION NAME (OCCUPA	ANCY):				
ADDRESS:					
REPLACEMENT COST or CO	OVERAGE REQUES	TED: BUILDING: \$			
		CONTENTS: \$			
HISTORICAL BUILDING:	AL BUILDING: YES NO YEAR E		: IF RENOVATED		N:
SQUARE FEET:	ARE FEET: #OF STORIES:			SECURITY: YES NO	FIRE ALARM: YES NO
CONSTRUCTION TYPE:	FRAME BLOC	K/BRICK METAL	NON-COMBUS	STIBLE OTHER:	
PROPERTY IN THE OPEN:	USE THIS AREA	TO ADD ANY ITEMS F	OR COVERAGE S	UCH AS FENCES, FLAG PC	DLES, STATUES, TOWERS
		<u>DELI</u>	ETION		
EFFECTIVE DATE:	LOCATIO	N NUMBER:	OR BUILDIN	G NAME:	
OTHER DELETIONS:					
	<u> </u>	ANY OTHER	COMME	NTS:	
SIGNED:			DATE:		