

**PROPERTY CHANGE REQUEST FORM**

Please report to M3 at (608) 275-0655 or 1-800-272-2443

Fax: (608) 273-1725 E-mail: [info@m3ins.com](mailto:info@m3ins.com)

*The following information is required to add new locations:*

Insured: \_\_\_\_\_

New Location: \_\_\_\_\_

New Address: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Are you the Owner of the Building  or the Tenant of the Building ?

Percentage of Building Occupied: \_\_\_\_\_%

Building Limit: \$ \_\_\_\_\_ Contents Limit: \$ \_\_\_\_\_

Business Income Limit: \$ \_\_\_\_\_

Use of Building: \_\_\_\_\_

Sales Revenue: \$ \_\_\_\_\_

# of Beds (for Health Care Accounts Only): \_\_\_\_\_

Payroll at this Location: \$ \_\_\_\_\_ Construction Type: \_\_\_\_\_

# of Stories: \_\_\_\_\_ # of Basements: \_\_\_\_\_

Year Built: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Distance to Fire Hydrant: \_\_\_\_\_ Feet \_\_\_\_\_ Miles

Mortgagee  / Additional Insured  / Loss Payee

Name and Address: \_\_\_\_\_

Certificate of Insured Required? Yes  No