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 Washington Counties Risk Group

 **Change of Coverage Request**

Member Name:

Producer Name:       Telephone Number:       Email Address:

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| ***VEHICLE SCHEDULE*** |  |
|  ***Add = A Delete = D Change = C***  |  ***Cust Ref # = Customer Assign*** |  ***Effective Date*** |       |
| ***A******D******C*** | ***Cust Ref #*** | ***Department*** | ***Year*** | ***Make*** | ***Model*** | ***Seat Cap*** | ***VIN*** | ***Value*** | ***Comp*** | ***Coll*** | ***AL*** |
|  |  |  |  |  |  |  |  |  | ***Y/N*** | ***Y/N*** | ***Y/N*** |
|    |       |       |       |       |       |     |       |       |    |    |    |
|    |       |       |       |       |       |     |       |       |    |    |    |
|    |       |       |       |       |       |     |       |       |    |    |    |

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| ***PROPERTY STATEMENT OF VALUES*** |
| ***Add = A Delete = D Change = C***  | ***Cust Ref # = Customer assign*** |  ***C/T = Construction Type P/C = Protection Class*** | ***Effective Date*** |       |
| ***A******D******C*** | ***Cust Ref #*** | ***Location Name/******Description*** | ***Year Built*** | ***Address*** | ***Stories*** | ***C/T*** | ***P/C*** | ***Sq. Ft.*** | ***Sprinklered*** | ***Building Value***  | ***Content Value*** | ***EDP Value*** | ***BI/EE*** |
|  |  |  |  |  |  |  |  |  | ***Y/N*** |  |  |  |  |
|    |       |       |       |       |    |       |       |       |    |       |       |       |       |
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| ***MISCELLANEOUS EQUIPMENT SCHEDULE*** |
| ***Add = A Delete = D Change = C***  | ***Cust Ref #=Customer Assign*** | ***Effective Date*** |       |
| ***A******D******C*** | ***Cust Ref #*** | ***Department***  | ***Year*** | ***Item Description*** | ***Serial #*** | ***ACV*** |
|    |  |       |       |       |       |       |
|    |       |       |       |       |       |       |
|    |       |       |       |       |       |       |

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| **Additional Comments:**        |