

CenterPoint Insurance Group

Change Form

Property/Location Change Form [Use your Tab Key to Move through each field]

Organization/Company Information			
Organization:		Phone:	
Requested by:		Effective Date of this Change:	

Property/Location Change Information						
SELECT ONE:	ADDITION	<input type="checkbox"/>	DELETION	<input type="checkbox"/>	AMEND	<input type="checkbox"/>
Property Address:						
Year Built:		No. of Stories:		Square Footage:		
Construction Type:		No. of Clients:		Is the Property Owned or Leased?		
What will you use the property for?						
If there is a Loss/Payee – Additional Insured please provide Lien Holder Information;						
If the property is over 20 years old, please complete the following information:	HVAC Improvements	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what year?			
	Electrical Improvements	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what year?			
	Roofing Improvements	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what year?			
	Plumbing Improvements	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what year?			

Describe the amount of Insurance Coverage you will want on this Property			
Building Coverage Information: If owned how much is the property worth?		If you want the Contents of the property insured what is the value?	
If you want the Contents of the Clients insured what is the value?			

Please complete this “Change Form” for your insurance Policy Changes and send this document as an email attachment to carole.senn@cptins.com or fax it to 303.333.1391