



CHANGE REQUEST FORM

ACCA LIABILITY SELF-INSURANCE FUND, INC -
PROPERTY PROGRAM

EMAIL: underwriting@countyrisk.org

Date Submitted: _____ Effective Date of Transaction: _____

Member: _____

Contact: _____

Email: _____ Phone: _____

SCHEDULED PROPERTY LOCATION: *(Please attach any applicable paperwork.)*

ADD Replacement Cost Building Value _____ OR Agreed Building Value _____
(Please include Appraisal Report for Replacement Cost)

DELETE Location No. Bldg No. Address:

CHANGE Location No. Bldg No. Address:

New Location Name/Description

Building Address:

Occupancy	Year Built	Content Value
Construction Type:	Square Footage	
	Lienholder/Mortgagee and Address:	

PROPERTY IN THE OPEN: *(Please attach any applicable paperwork.)*

ADD CHANGE DELETE

Description	Value
Address	Year Built
Construction Type	

EDP EQUIPMENT: *(Please attach any applicable paperwork.)*

ADD CHANGE DELETE

Description of Equipment	Value
Location	
Serial#	<i>If financed/leased, company name and address:</i>
Additional description of equipment, if necessary:	