

**STATE OF MINNESOTA
RISK MANAGEMENT DIVISION
COVERAGE CHANGE REQUEST FORM**

Addition Deletion
 *Please Note: All additions to policies must be reported within 30 days.
 NAME INSURED: _____ DATE: _____
 CONTACT NAME: _____ TELEPHONE: _____
 E-MAIL ADDRESS: _____ FAX: _____

**PROPERTY, BOILER & MACHINERY, CRIME, AND GENERAL
LIABILITY CHANGES**

EFFECTIVE DATE: _____			
TYPE OF PROPERTY _____			
PROPERTY ADDRESS: _____		STREET: _____	
CITY: _____		STATE: _____	
ZIP: _____		ZIP: _____	
DESIRED DEDUCTIBLE:	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$5,000
			<input type="checkbox"/> \$1,000,000
SQUARE FOOTAGE _____	YEAR BUILT: _____		STORIES _____
BUILDING REPLACEMENT VALUE _____			
CONTENTS REPLACEMENT VALUE _____			
CONSTRUCTION	<input type="checkbox"/> 00 Unknown	<input type="checkbox"/> 01 Frame	<input type="checkbox"/> 02 Joisted Masonry
	<input type="checkbox"/> 03 Non Combustible	<input type="checkbox"/> 04 Masonry Noncombustible	<input type="checkbox"/> 05 Modified Fire Resistant
	<input type="checkbox"/> 06 Fire Resistant	<input type="checkbox"/> 07 Steel (Pole) Frame	<input type="checkbox"/> 08 Concrete
SPRINKLERS OWNED	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NON OWNED <input type="checkbox"/>

INLAND MARINE CHANGES

EFFECTIVE DATE _____	
TYPE OF INLAND MARINE COVERAGE:	
Fine Arts:	<input type="checkbox"/> Owned 777.02 <input type="checkbox"/> Non Owned 777.03
Scoreboards:	<input type="checkbox"/> 777.06
Computer Equipment	<input type="checkbox"/> 777.01
Leased Laptops	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contractors Equipment	<input type="checkbox"/> 777.04
Radio & TV Equipment	<input type="checkbox"/> 777.07
Musical Instruments	<input type="checkbox"/> 777.05
Other:	<input type="checkbox"/> 777.09

AUTOMOBILE COMPREHENSIVE & COLLISION CHANGES

EFFECTIVE DATE _____			
YEAR _____	MAKE _____	MODEL _____	
VIN NUMBER _____		**COST NEW _____	
EFFECTIVE DATE _____			
YEAR _____	MAKE _____	MODEL _____	
VIN NUMBER _____		**COST NEW _____	
EFFECTIVE DATE _____			
YEAR _____	MAKE _____	MODEL _____	
VIN NUMBER _____		**COST NEW _____	

**Please Note: To ensure that your vehicle is being insured for it's proper value, you must provide us with the vehicle's cost new.