PROPERTY AND AUTO CHANGES

Property Changes

Please complete the appropriate sections of the Property Change Form and send to Arthur J. Gallagher Insurance Brokers with a copy to the Finance Department at the Chancery Office when:

(A) Adding a location or building to your schedule of insured property
(B) Construction or remodeling
(C) If you wish to request a change in limits for a building or a change in operations
(D) Deleting a building from your schedule of insured property

Be advised that because of changes in coverage terms in our property insurance policy it is important that notification of property changes be reported immediately per above. If the property changes are not reported timely the new property will not be covered in the event of a loss.

VEHICLE CHANGES

Please complete the appropriate sections of the Vehicle Change Form and send to Arthur J. Gallagher Insurance Brokers with a copy to the Financial Department at the Pastoral Center when:

(A) adding
(B) deleting
(C) transferring an insured vehicle.

A Bill of Sale must be included when a vehicle has been sold.
PROPERTY CHANGE FORM

When new property is acquired or if property is disposed, please complete this form and mail it to Arthur J. Gallagher & Co. – Fax (415) 536-8499

Immediate notification is necessary in order to coordinate insurance coverage.

Insurance billing/Location # ____________ Date Prepared: ________________

1. Location Reporting Change: ____________________________________________________________________________
   □ School  □ Church
   Mailing Address: ______________________________________________________________________________________
   City, State, Zip Code: ___________________________________________________________________________________
   Phone # ____________ Fax # ________________

2. Please □ Add / □ Delete the following effective: _______________________________________________________________________

   Address of Property: ______________________________________________________________________________________
   City, State, Zip Code: _____________________________________________________________________________________

3. Complete the following for Property Additions:

   Total Number of Buildings: ____________  Total Number of Units: ____________
   (If multiple buildings, a site plan is requested. Please provide a breakdown of sq. footage and/or number of units per bldg.)

   Type of construction: _____________________________________________________________________________________
   Roof Construction: _______________________________________________________________________________________

   Total Building Value: ____________________________________________________________________________________
   Value Based on: □ Purchase Price  □ Construction Cost

   Number of Stories: _______  Total Square Footage: _______  Year Built: _______________

   Type Fire Protection (i.e. sprinklers, smoke detectors, alarms, etc.):

   __________________________________________________________________________________________

   Is Building leased to others: □ Yes  □ No
PROPERTY CHANGE FORM (cont’d)

4. Type of Building / Use:
   □ Dwelling     □ Convent     □ Rectory     □ Garage
   □ School       □ Gymnasium   □ Classrooms □ Multi Purpose
   □ Church       □ Hall        □ Office      □ Storage Shed
   □ Other

Additional Information: ____________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Did this Property Change affect the use of any existing church or school buildings?
   □ Yes  □ No

(i.e. purchase of rectory allows former rectory to become office, new church allows former church to become gym, etc.)

If Yes above what existing building use was changed: ________________________________
_________________________________________________________________
_________________________________________________________________

Submitted by: ______________________ Date: ______________________
**VEHICLE CHANGE FORM**

This report will (check one):

- [ ] Add a Purchased/Donated Vehicle  
  *(See I. Below)*
- [ ] Change or Correct Coverage on a Covered Vehicle *(See III. Other Side)*
- [ ] Delete a Sold Vehicle  
  *(See II. Below)*
- [ ] Transfer A Covered Vehicle to Another Diocesan Location *(See IV. Other Side)*

**PARISH/AGENCY**

**REPORTED BY**

**ADDRESS**

**TELEPHONE NO.** ( )

**FAX #:**

**DATE REPORTED**

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**ALL VEHICLE CHANGES MUST BE REPORTED IN WRITING WITHIN 30 DAYS**

SEND THIS COMPLETED FORM TO:

ARTHUR J. GALLAGHER & CO. INSURANCE BROKERS OF CALIFORNIA, INC.

P.O. BOX 7443

SAN FRANCISCO, CA 94120-7443

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### I. ADDING A VEHICLE

**NOTE:** Insurance ID Cards for New Vehicles are available from the Chancery Office.

Newly acquired vehicles are automatically covered for only 30 days. Send this report to our administrator immediately to assure continuous coverage.

Liability, Medical Payments & Uninsured Motorist coverage automatically covered for all owned vehicles.

**ADDITIONAL COVERAGE TO BE PROVIDED**

Circle the Physical Damage Coverage Required for the New Vehicle

- [ ] A. Full Coverage (Comprehensive & Collision)
- [ ] B. Comprehensive Coverage Only (Fire & Theft)
- [ ] C. No Coverage

**COMPLETE THE FOLLOWING:**

1. Year __________
2. Make/Model ________________
3. Vehicle I.D. # ________________
4. The Date Sold ________________

**II. DELETING A VEHICLE**

**NOTE:** Deleted vehicle refunds cannot be backdated. If the Administrator is notified over 30 days from the sale date, the change will be made effective on the 1st of the month in which the written notice is received.

1. Year __________
2. Make/Model ________________
3. Vehicle I.D. # ________________
4. The Date Sold ________________

10. Is this a leased vehicle?
   - If yes, complete the following:
     - Lessor's Name ________________
     - Address ________________

11. Is there a Loss Payee?
   - If yes, Complete the following:
     - Loss Payee ________________
     - Address ________________
     - Loan No. ________________

12. If this is a Truck/Pickup:
    - Gross Vehicle Weight ________________
    - Use ________________

13. If this is a Van or Bus:
    - Passenger Capacity ________________
    - Use ________________

5. Name, Date of Birth, Drivers License Number of Vehicle Operator(s):

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KEEP A PHOTOCOPY OF THIS REQUEST FORM FOR YOUR FILE
VEHICLE CHANGE FORM – Page 2

This report will (check one):

[ ] Add a Purchased/Donated Vehicle
    (See I. Other Side)

[ ] Change or Correct Coverage on a
    Covered Vehicle (See III. Below)
    Transfer a Covered Vehicle to
    Another

[ ] Delete a Sold Vehicle
    (See II. Other Side)

[ ] Diocesan Location
    (See IV. Below)

PARISH/AGENCY

ADDRESS

REPORTED BY

TELEPHONE NO. ( )

DATE REPORTED

ALL VEHICLE CHANGES MUST BE REPORTED IN WRITING WITHIN 30 DAYS
SEND THIS COMPLETED FORM TO:
ARTHUR J. GALLAGHER & CO. INSURANCE BROKERS OF CALIFORNIA, INC.
P.O. BOX 7443
SAN FRANCISCO, CA 94120-7443

III. CHANGING A VEHICLE

NOTE: Use for changing or correcting information about coverage or vehicle data on a "currently covered" vehicle.

This change / correction is for vehicle:

Description: __________________________________________

At location name / address:

_____________________________________________________

Effective Date of Change:

(Check and complete only those which apply.)

1. Change of Physical Damage Coverage:
    [ ] Delete Collision Coverage
    [ ] Add Collision Coverage
    [ ] Delete Comprehensive
        (Fire & Theft Coverage)
    [ ] Add Comprehensive
        (Fire & Theft) Coverage

2. Description or Vehicle information to be corrected:
    [ ] Vehicle I.D. # should be: _________________________
    [ ] Correct year is: _________________________________
    [ ] Make/Model should be: ___________________________
    [ ] Other: Describe _________________________________

3. Add Loss Payee:
    Name: _________________________________
    Address: ________________________________
    Loan #: ________________________________

4. Delete Loss Payee:
    Name: _________________________________
    Loan #: ________________________________

5. Other: Describe ________________________________

IV. TRANSFER A VEHICLE

Note: Use this section to internally transfer a covered vehicle from one of your locations to another of your locations

Description: __________________________________________

Vehicle I.D. #:

_____________________________________________________

1. Previous garage location:
    Name: _________________________________
    Address: ________________________________

2. Transfer to new garage location at:
    Name: _________________________________
    Address: ________________________________

3. Effective date of transfer:

_____________________________________________________

4. Name, Date of Birth, Drivers' License
    Number of New Vehicle Operator(s):

_____________________________________________________

_____________________________________________________

_____________________________________________________

Page 5

https://stocktondiocese.org/wp-content/uploads/2013/01/Property-and-Auto-Changes.doc (REV. 02/27/19)