

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
Delete a Sold Vehicle

- Change or Correct Coverage on a Covered Vehicle
Transfer A Covered Vehicle to Another Diocesan Location

PARISH/AGENCY ADDRESS

REPORTED BY TELEPHONE NO. FAX #: 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. SAN FRANCISCO, CA 94120-7443

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. 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. Circle One Body Type Please: Sedan, Coupe, Station Wagon, Pickup, Van, Bus, Truck, Trailer
4. The Vehicle I.D. # is?
5. The Purchase Price was \$
6. The Purchase Date was
7. The Vehicle was Purchased New or Used (Circle)
8. The Vehicle is Garaged at: Church, School, Other
9. Name, Date of Birth, Drivers License Number of Vehicle Operator(s)

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

KEEP A PHOTOCOPY OF THIS REQUEST FORM FOR YOUR FILE

(Over)

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This report will (check one):

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

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

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

IV. TRANSFER A VEHICLE

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

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

This change / correction is for vehicle:

Description:

Description

Vehicle I.D. #:

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

1. Previous garage location: Name: Address:

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

- 2. Description or Vehicle information to be corrected: Vehicle I.D. # should be: Correct year is: Make/Model should be: Other: Describe

3. Effective date of transfer:

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

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

4. Delete Loss Payee: Name: Loan #:

5. Other: Describe