Insurance and Financial Services, Ltd.

Phone: 302.239.2355
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Property/Location Changes

Named Insured:_____ Phone#:_____

Named of person requesting the change:_____

☐ Add ☐ Change ☐Delete

Building Location:_____

Sq Ft:_____ Year of Construction: _____ Sprinklers:_____ Stories:_____

Type of Construction: ☐ Frame ☐ Masonry ☐ Non Combustible ☐ Joisted Masonry

☐Other : _____

Distance building located from the fire department:_____ Hydrant: _____

Burglar System/Fire Alarm: ☐ Yes ☐ No

If Yes, does system report directly to the fire/police station ☐ Yes ☐ No

Building Occupant:_____

Percentage tenant occupies:_____ Operation of Tenant:_____

Building Use: ☐ Residential ☐ Office ☐ Warehouse ☐ Other: _____

Values-- Building:_____ Contents:_____ Rental Income:_____

Updates:	Year of Update:
Roof	_____
Plumbing	_____
Heating	_____
Air Conditioning	_____

Deeded to:_____

Mortgagee:_____