



Fourth Episcopal District of the AME Church Add / Delete Vehicle or Building Change Form

Return Form Request via Fax or Email To:

Name: Pierina Petit

Fax: 305-713-3293

Email: Miami.BSD.Diocese_Request@ajg.com

Request Date: _____ Requested by: _____

Client Name and Address: _____
 Phone: _____
 Fax: _____
 E-mail address: _____

Automobile		Building	
_____ Add	_____ Delete	_____ Add	_____ Delete
Effective Date of Change*:		Effective Date*:	
Lien Holder (if financed):		Building Name:	
VIN*:		Building Address*:	
Seating Capacity*:		Usage*:	
Vehicle Make*:		Square Footage*:	
Vehicle Model*:		Construction Type*:	
Vehicle Year*:		Number of Stories*:	
Purchase Cost:		Year Built*:	
Garaging Zip Code*:		Building Value*:	
Driver (refer to MVR Request form to request Motor Vehicle Report)		Contents Value*:	
		Business Interruption Value*:	
		Age of Roof*:	
		Type of Roof*:	
		Burglar Alarm*	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Heat/Smoke Alarm*	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Circuit Breakers or Fuses*	
		Recurring Electrical Problems?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Sprinkler System*	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Required information.**