

Northern Communities Insurance Program (NCIP)



PROPERTY CHANGE REQUEST

ADDITION ___ DELETION ___ CHANGE ___

Name of Community: _____

Effective date of change (mo/day/yr): _____

Property name: _____

Property address: _____

Use of Building: _____

Building amount: \$ _____ * Contents amount: \$ _____

Description of building:

Type of foundation _____ Floor construction _____

Roof construction _____ Roof covering _____

Wall construction _____ Age of building _____

Number of floors _____ Main floor sq. footage _____

Type of heat _____ Sprinklered Y N

If the property is bank financed state name of institution: _____

Address: _____

*** In order for settlement to occur on a Replacement Cost basis, the value to be insured must include the building value as well as the cost to rebuild or replace as a result of bylaws or building codes. Alternatively, Actual Cash Value basis of settlement will apply where older buildings which the community would not replace if destroyed are to be insured.**

Completed by _____ Date _____

Position _____

FAX to NCIP @ 867. 873. 3042