

Location Change/Addition Form

Do you need to report a new or additional office location? If you are a current policy holder, use our simple form below and fax or mail it back to Marsh USA, Inc. The completion of this form does not bind or alter your coverage. A representative from Marsh USA, Inc. will contact you. Thank You.

Firm Name: _____

State: _____

Request Type: _____

Date Effective: _____

Location Address: _____

Location County: _____

City: _____ State: _____ ZIP: _____

BUILDING SPECIFICATIONS

Are you the tenant or owner of the building? Tenant Owner

Year Built: _____

If the building is over 30 years old, please provide year of updates:

Wiring: _____ Roof: _____ Plumbing: _____ HVAC: _____

Construction Type: _____

Office Building? _____

Number of floors: _____

Sprinklers: _____

Do you occupy the entire building? Yes No

How many square feet do you occupy? _____

COVERAGES (please provide replacement cost limits)

Building: \$ _____

Contents: \$ _____

(Excluding computer hardware, media, data, phones, faxes and copiers)

Engineering Equipment: \$ _____

Computer & Media: \$ _____

(Equipment taken more than 1000ft. off insured premises that is owned, leased, borrowed or rented)

(Including data, phones, faxes and copiers)

Other buildings or storage locations? Yes No

Landlord/Mortgagee on property? Yes No

If you answered yes, please fill in his/her contact information below

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

SPECIAL INSTRUCTIONS AND REQUIREMENTS

Requested By: _____ Date Requested: _____

Sending Instructions:

Fax: (888) 621-3173

Mail: Marsh USA Inc.

701 Market Street, Suite 1100

St. Louis, MO 63101