

**Corporation of the Catholic Archbishop of Seattle  
Property or Vehicle Schedule Change Request Form**



**Send this report to:**

Arthur J. Gallagher, Attn: Stephen Erni  
Phone: (425) 586-1002  
Fax: (425) 451-3716  
Email: [Stephen\\_Erni@ajg.com](mailto:Stephen_Erni@ajg.com)

**AND** Insurance Program Administrator, Attn: Maggie Parros  
Phone: (206) 274-3120  
Fax: (206) 274-3138  
Email: [Maggie.Parros@seattlearch.org](mailto:Maggie.Parros@seattlearch.org)

Effective Date of Change:	<b>Is Request for a New Location, Deletion, or Change?</b>
Agency/Parish/School ID Number:	Agency/Parish/School Name:
Contact Name:	Phone Number:
	Email Address:
Mailing Address:	

**PROPERTY CHANGE INFORMATION**

<b>Address for Location to be Deleted/Replaced</b> (If Applicable):		
<b>New Location Address</b> (Still need info even if we are just quoting liability):		
Description of Business:		
Year Built:	Sq. Ft.:	Number of Stories:
Older Than 1990 Construction – Provide Dates and Description for Upgrades to Roofing, Wiring, Plumbing, Electrical:		
Construction Type (Frame/Masonry/etc.):		
Fire Sprinklered (Yes/No):		
Alarm System (Yes and Type of Alarm/No):		
<b>Property Values to be Insured</b>		
Building: \$		
Improvements and Betterments: \$		
Business Personal Property: \$		
Other (Explain): \$		

**VEHICLE CHANGE INFORMATION**

<b>Information for Vehicle to be Deleted</b>		
Year:	Make:	Model:
Vehicle Identification Number (VIN):		

<b>Information for Vehicle to be Added</b>			
Year:	Make:	Model:	Value:
Vehicle Identification Number (VIN):			
Vehicle Type (Private Passenger, Truck, Bus < 20 Passengers, Bus 20-59 Passengers, Bus > 60 Passengers, Van, Trailer):			
Vehicle Use:			

**If a certificate of insurance is needed, please complete the additional Certificate of Insurance Request Form.**