



DEALER PREMISES CHANGE FORM

Name: _____ Policy Number: _____
Mailing Address: _____ City: _____ State: _____ ZIP Code: _____
Phone: _____ Email: _____

1. PREMISES LOCATION(S): Where inventory is actually stored, physical address required, no P.O. Boxes.

Coverage available in the United States.

Address: _____
City: _____ State: _____ ZIP Code: _____

Is this an additional location? Yes No*

*If No, please indicate which address this is replacing that is currently scheduled on your policy on the line below:

2. Value of Inventory at Location: _____

3. Type of Location: Store Office Building Storage Facility Residence Other: _____

4. Type of Construction: Frame Masonry Steel Other: _____

5. Year Built: _____ If built prior to 1980, date last updated
for electrical, heating, plumbing and roof: _____

6. Do you own or lease the premises? Own Lease

7. Do you occupy the whole building? Yes No

8. Do you or other principal(s) occupy the premises during the business day? Yes No

9. How many employees occupy your premises during the average business day? _____

10. Who has keys to your premises? _____

11. Describe the neighborhood: _____

12. List and describe businesses that occupy same building and/or directly adjacent to your premises:

13. Safe and/or Vault Storage of Inventory

Any inventory stored in an immobile safe weighing at least 300lbs empty? Yes No

Any inventory stored in a vault with 3-inch walls, no windows and metal door? Yes No

Construction of Vault: _____

Type of lock for safe and/or vault: Combination Digital Key

Who has access to the safe and/or vault? _____

14. Other Securities:

Central Station Alarm System

Smoke Alarm(s)

Deadbolts

Bars

Other: _____

15. Storage of Inventory:

Describe where and how your inventory is stored or displayed on your premises:

16. Is any of the inventory stored in a basement or other areas below ground floor?

Yes No

If Yes, a *Stillage Endorsement* will be added to the policy requiring all items be stored 6" off the floor.

17. Is any of the inventory stored outdoors exposed to the elements?

Yes No

If Yes, please describe: _____

Signature: _____ Date: _____