

Addition, Deletion or Change Request

OF PAGES FOLLOWING (NOT INCLUDING THIS SHEET)

TO:	Marsh USA Inc. Atl	anta, Georgi	a		
FAX NUMBER:	(404) 760-5725				
ATTENTION:	ACCG-IRMA Administrator				
FROM:	MEMBER NAME:				
(Your Name)	MEMBER #:				
PHONE #:		FAX #	!:		
Please make the following:					
Building:	Address:				
	Occupancy:				
	Building Value:	\$		Contents Value:	\$
	Other Value:	\$		If Other, describe:	
	Construction Type:			Sprinklered: Partial 🗌 Full	☐ None ☐
	Name of and distance to nearest fire station:			Floo	d Zone:
	Alarm System:		Year Bui	t: Year Renova	ited:
	Square Footage:			Effective Date:	
☐ Electronic Data Processing Equipment:					
	Make:				
	Model No:			Serial No:	
	Value:	\$		Dept. Assigned to:	
	Effective Date:	Location:			
☐ Mobile Equipment:					
	Year:			Make:	
	Model:			Serial No:	
	Value:	\$		Dept. Assigned to:	
	Effective Date:				
☐ Autos\Trailers\	Motorcycles:				
	Year:			Make:	
	Model:			VIN (Last 4 digits):	
	Value:	\$		Dept. Assigned to:	
			Phy	sical Damage coverage needed? Ye	s 🗌 No 🔲
	Effective Date:		(If n	ot indicated then Physical Damage ((APD) is assumed)
Additional Information or Instructions:					