

# Request for Change of Coverage

We are requesting that the parish named below change its valuation for coverage on the structure(s) indicated below. We have read and understood the attached document describing the different options available for coverage.

Parish name and location: \_\_\_\_\_

Structure to be revalued: \_\_\_\_\_

Valuation Method Requested:  Replacement Cost  Actual Cash Value  
 Agreed Amount  Liability Only

If Agreed Amount, indicate the amount of coverage requested: \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

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Structure to be revalued: \_\_\_\_\_

Valuation Method Requested:  Replacement Cost  Actual Cash Value  
 Agreed Amount  Liability Only

If Agreed Amount, indicate the amount of coverage requested: \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

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Valuation Method Requested:  Replacement Cost  Actual Cash Value  
 Agreed Amount  Liability Only

If Agreed Amount, indicate the amount of coverage requested: \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

Signature of Bishop \_\_\_\_\_

Date \_\_\_\_\_

Signature of pastor \_\_\_\_\_

Date \_\_\_\_\_

Signature of trustee \_\_\_\_\_

Date \_\_\_\_\_

Signature of trustee \_\_\_\_\_

Date \_\_\_\_\_