



Business • Auto • Home Life • Health • Disability Long Term Care • Retirement Plans



131 Elden Street, Suite 300 Herndon, VA 20170

> T 703-834-3120 T 800-834-3148 F 703-834-3159

COUNTS Financial Services

downs-insurance.com

This is an interactive PDF form. You may fill it out with Adobe Acrobat and submit it, or you may print it out, and fax it back.

Location Change Form

1) Business Name		2) Email						
,	New Location	OR A	R Additional Location			Effective date?		
4) What is the RE	PLACEMENT V	ALUE of "	business pi	operty" at	t this location	on, whic	h should includ	
furniture, fixtures,			-	1 ,				
Building replaceme	•	•		REQUIF	RED) \$			
5) Income loss or 1								
6) Additional incre								
7) Complete in ful		•						
Street Add			City		S	State	Zip	
Phone		Fax					•	
Age of the building Occupied Square Footage								
9) Check all that a	pply:							
Own build	ing Rer	it part of bu	ilding	Rent ent	tire building	5	Rent to others	
10) Other occupan	its in building:	-						
11) Construction of	of building: Frame	Ma	sonry Vene	er	Masonry &	c Steel		
12) Age of: Heatin			Plumbing	Ro	ofing			
13) Does your new	location have: A	partments	Com	mercial C	Cooking	Spri	inkler System	
Central Fir	e Alarm Cent	ral Burglar	Alarm					
14) Describe any n	ew or change in o	perations:						
15) Fire dept > or	< 5 miles away?	Fire	hydrant >	or < 1000) feet away?			
16) Landlord, lend	er or other interes	ted parties:						
Name			Ph	ione:				
Address			Fa	X				
City			Sta	ate	Zip			
Insured's signature			Da	te				

Send form to Downs & Associates, Inc.

Email: lmecca@downs-insurance.com

Fax: 703-834-3159

131 Elden Street, Suite 300 Herndon, VA 20170 For Agency use only:

If building coverage has been added, forward name and address to inspector.

FORM # 2012-8-10-LC