

KACo All Lines Fund

400 Englewood Drive, Frankfort, KY 40601

1-800-264-5226

Email to: insurance@kaco.org

Or Fax to: 502-234-5055

POLICY CHANGE FORM

Date _____ Membership Number _____

Member _____

Person Completing Form _____

ADD TO or DELETE FROM (circle one)

AUTOMOBILE EQUIPMENT (circle one)

Year _____ Make _____ Model _____

Vin/Serial Number _____

Department _____ Value _____

Loss Payee _____

*If adding a trailer, it should be listed as an auto if used on the road, if stationary or never on public roads it should be listed as equipment.

PROPERTY ADDITION or DELETION (circle one)

Name of Property _____

Address _____

City _____ Zip _____

Year Built _____ Square Footage _____ # of stories _____

Percentage Sprinklered? _____ GPS Lat/Long _____

Type of Construction: 1 - 2 - 3 - 4 - 5 - 6 (circle one - see below for descriptions)

Type of Occupancy: Occupied / Unoccupied / Vacant / Structure Only / Contents Only (Circle one)

Building Value _____ Contents Value _____

Property in the Open Value & Description _____

*Property in the open = items not affixed to building, i.e. fencing, lighting, flagpole, bench, etc.

Construction Types:

- 1 = Frame
- 2 = Joisted Masonry
- 3 = Noncombustible
- 4 = Masonry Noncombustible
- 5 = Modified Fire Resistive
- 6 = Fire Resistive

KALF OFFICE USE ONLY

Added/Deleted Date _____

KALF Representative _____