ALLIANCE OF SCHOOLS FOR COOPERATIVE INSURANCE PROGRAMS

Building Add Form

Please provide the details below to update your list of insured properties.

ADD SITE

Number of Buildings:



Member Name

ADD BUILDING

Owned **New Construction** Leased to Member from other* (Member lessee) Leased by Member to other* (Member lessor) **Existing Building** *If the property is leased, please attach a copy of the executed lease agreement. Year Built Construction cost or the purchase price of the building Does the purchase price include land? No Yes Frame Joisted Masonry Non-Combustible Masonry Non-Combustible What is the type of construction? Modified Fire Resistive Fire Resistive Portable/Relocatable

BUILDING FEATURES

School Site Name or Site #		Date of Occi	upancy	
Building Name and Building #		Building Use	e (Classroo	m, Gym, Etc.)
Address		City		Zip
Gross Square Footage	Number of Floors			Classrooms

Please return this form to Jonathan Pham by email: pham@ascip.org or by fax: 562.404.8038

Completed by:	Date:

ALLIANCE OF SCHOOLS FOR COOPERATIVE INSURANCE

Building Drop Form

Please provide the details below to update your list of insured properties.

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Member Name

SULP	DROP SITE	DRO	P BUILDING	
Reason for drop?				Owned Leased
Use exact site number from existing	BUILDING FEAT gappraisal report	TURES		
School Site Name or Site #				
Building Name and Building #	Ŀ	Building Us	e (Classroom, Gym, I	Etc.)
Address		City	Zip	
			·	
Please return this for	rm to Jonathan Pham by email	: pham@ascip.o	rg or by fax: 562.404.8	3038
Completed by:		Date:		

ALLIANCE OF

Building Modification Form

COOPERATIVE INSURANCE	ease provide the details belo	ow to update	e your list of inst	ured properties.	
PROGRAMS		Member	Name		
ASCIP	OCCUPANY USE CHAI	OCCUPANY USE CHANGE		PORTABLE RELOCATION	
	NAME CHANGE		RENOVATION OF EXISTING BUILDING		
General Information					
School Site Name and Site #	_			_	
Building Name and Building	#				
Address		City		Zip	
OCCUPANY USE CHANG	GE: Entire Site or	Single	Building		
Vacant	Leased to 3rd party (pl	ease provid	e a copy of the l	ease)	
Decommissioned	Occupied by Member				
Planned Demolition	Other:				
PORTABLE RELOCATION)N				
Now Site Name	,	Jarry Addmag			

RENOVATION NAME CHANGE Cost of construction? \$_____ Previous Name: Description: New Name:

Please return this form to Jonathan Pham by email: pham@ascip.org			
Completed by:	Date:		