



**Notification of Change
League Association of Risk Management
Property & Casualty Pool**

Send To:
League Association of Risk Management
1919 South 40th Street Suite 212
Lincoln, NE 68508

Email: customerservice@larmpoolorg

Phone: (402) 742-2600

Date of Request: _____

Fax: (402) 476-4089

Member: _____
Attention: _____
Address: _____

Department: _____
Contact: _____
Phone: _____

Policy Num: _____

____ AUTO (CN)* ____ PROPERTY (RC)*
 ____ Liability ____ Building
 ____ Comp. - Construction Type: ____
 ____ Coll. - Square Footage: ____
 - Year Built: ____

____ Contents ____ INLAND MARINE (ACV)*
 ____ Property in Open ____ Cont. Equipment ____ Radios
 ____ Misc. Equipment ____ Fire Equipment
 ____ EPD (RC)* ____ Camera Equip.

LARM Schedule Number	(A) Add (D) Delete (O) Other	Eff. Date	AUTO Comp / Coll (X-Please)	COMPLETE DESCRIPTION Street Address or Auto Year/Make/Mode (Trucks – include gross weight)	Serial #	Dollar Value	Member Unit/ID Number	Dept.

*CN = Cost New (Purchase Price)

*RC = Replacement Cost (Today's Cost New)

*ACV = Actual Cash Value (Used Value)

COMMENTS:

MEMBER SIGNATURE: _____

MEMBER EMAIL: _____

Date Received: _____
 Invoice Date: _____

Date Returned to Member: _____
 Invoice #: _____

Endorsement #: _____
 By: _____