



DEPARTMENT OF JUVENILE JUSTICE  
INSURANCE CHANGE FORM

(MUST BE COMPLETED FOR RENOVATIONS OF EXISTING ROOFTOPS)

\*\*\*\*\*

Building Location Code:

\_\_\_\_\_

Insurance Change Information:

Description From:

\_\_\_\_\_

Description To:

\_\_\_\_\_

Building Insurance From:

\_\_\_\_\_

Building Insurance To:

\_\_\_\_\_

Content Insurance From:

\_\_\_\_\_

Content Insurance To:

\_\_\_\_\_

Old Square Footage:

\_\_\_\_\_

New Square Footage:

\_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Manager Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_