

**STATE OF NEVADA
RISK MANAGEMENT DIVISION
LEASED PROPERTY INSURANCE CHANGE**

(Non Building and Grounds Leases)
Fiscal Year: 7/1/___ – 6/30/___

Department: _____ **Division:** _____

Agency: _____ **BA- Category:** _____
(for premium billing)

Billing Address: _____
(if not internally billed)

Contact Person: _____

Phone Number: () _____

Email: _____ **Change Effective Date:** _____

ADD LEASED PROPERTY

DELETE LEASED PROPERTY

Lease Begin Date: _____ Lease End Date: _____

Landlord Name: _____

Property Address: _____

City, State, Zip: _____

Occupancy Type: _____

Square Footage: _____ Fire Sprinklers: Yes No

Year Built: _____

Replacement cost of:

Contents - \$ _____

Fine Arts- \$ _____

Property Notes/Comments:

Please attached Statewide Lease Information Coversheet for Lease. Email this form along with leasing coversheet to: **Maureen Martinez**
memartinez@admin.nv.gov