**EXHIBIT C**

**UNIVERSITY OF CALIFORNIA**

**REQUEST FOR CHANGE TO EXISTING INSURANCE**

1. Campus ____________________________  
2. Account # __________________________

3. Effective Date of Change ____________________________

4. ________ Addition or ________ Deletion

5. ________ Amend policy term to __________________________

6. ________ Other: *(May be used to correct account #’s, etc - any miscellaneous changes)*

7. Description of Property to be Added or Deleted: (Indicate "A"or "D"in first column if both additions and deletions are listed).

<table>
<thead>
<tr>
<th>A or D</th>
<th>I.D. NUMBER</th>
<th>DESCRIPTION</th>
<th>COST OF VALUE</th>
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Total Amount Added

Total Amount Deleted

Net Addition or Deletion

14. **DEPARTMENTAL APPROVAL**

1. 
2. 

**BUSINESS OFFICE APPROVAL**

1. 
2. 

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*FORM 1310 SF 1444*