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).

13. PROPERTY IDENTIFICATION: (ATTACH ADDITIONAL SHEETS IF REQUIRED)

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

Total Amount Added
Total Amount Deleted
Net Addition or Deletion
<table>
<thead>
<tr>
<th>14. DEPARTMENTAL APPROVAL</th>
<th>BUSINESS OFFICE APPROVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
</tbody>
</table>

FORM 1310 SF 1444

**ORIGINAL** - Send to Saylor & Hill Co., 1939 Harrison St., Oakland, California 94612