



# COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY		CARRIER			NAIC CODE
CONTACT NAME:		ATTENTION			
PHONE (A/C. No. Ext):		POLICY NUMBER			
FAX (A/C. No.):		ACCOUNT NUMBER			
E-MAIL ADDRESS:		EFFECTIVE DATE OF CHANGE	POLICY INCEPTION DATE	POLICY EXPIRATION DATE	
CODE:	SUBCODE:	POLICY TYPE		PROPERTY	AUTO
AGENCY CUSTOMER ID:		INLAND MARINE		TRUCKERS	WORKERS COMP
NAMED INSURED		UMBRELLA		MOTOR CARRIERS	
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4)		GENERAL LIABILITY		BUSINESS OWNERS	
THIS IS AN ACKNOWLEDGEMENT OF YOUR REQUEST. UPON APPROVAL, THE COMPANY'S RECORDS WILL BE ADJUSTED ACCORDINGLY, AND IF A PREMIUM ADJUSTMENT IS REQUIRED, IT WILL BE DONE AT PREMIUM AUDIT OR BY ENDORSEMENT.					

**SHORT DESCRIPTION OF CHANGES / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

--	--	--	--	--	--

**PREMISES INFORMATION**

				ADD	CHANGE	DELETE
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
			INSIDE	OWNER		
			OUTSIDE	TENANT		

**NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS BY PREMISE(S)**

				ADD	CHANGE	DELETE
LOC #	BLD #					

**AUTO-VEHICLE DESCRIPTION / LIMITS**

				POLICY LIMIT(S) CHANGED	ADD	CHANGE	DELETE	
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW
		MODEL:	V.I.N.:	PP	SPEC	COML	\$	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	TOWING & LABOR	FT	COMP/OTC
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	SPEC C OF L	FTW	COLL
NET VEH DR/CR:	TOTAL PREM \$							
LIABILITY	NO FAULT	ADD'L NO FAULT	MEDICAL PAYMENTS	UNINSURED MOTORISTS	UNDERINSURED MOTORISTS			
\$	\$	\$	\$	\$	\$			

**AUTO-VEHICLE DESCRIPTION / LIMITS**

				POLICY LIMIT(S) CHANGED	ADD	CHANGE	DELETE	
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW
		MODEL:	V.I.N.:	PP	SPEC	COML	\$	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	TOWING & LABOR	FT	COMP/OTC
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	SPEC C OF L	FTW	COLL
NET VEH DR/CR:	TOTAL PREM \$							
LIABILITY	NO FAULT	ADD'L NO FAULT	MEDICAL PAYMENTS	UNINSURED MOTORISTS	UNDERINSURED MOTORISTS			
\$	\$	\$	\$	\$	\$			

**DRIVER INFORMATION (List drivers who frequently use own vehicles)**

				ADD	CHANGE	DELETE							
DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

**WORKERS COMPENSATION RATING INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

TYPE OF CHANGE	STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES		ESTIMATED ANNUAL REMUNERATION
						FULL TIME	PART TIME	

**PROPERTY / INLAND MARINE - PREMISES INFORMATION**

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT / CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS	PLUMBING, YR:	HEATING, YR:	OTHER:	BLDG CODE GRADE	INSPECTED? Y/N	ROOF TYPE	OTHER OCCUPANCIES

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> / Chemical Systems)	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG

**INLAND MARINE - SCHEDULED EQUIPMENT**

#	MODEL YEAR	DESCRIPTION (TYPE, MANUFACTURER, MODEL, CAPACITY, ETC)	ID #/SERIAL #	DATE PURCHASED	NEW/USED	AMOUNT OF INSURANCE
						\$
						\$

**GENERAL LIABILITY - LIMITS**

GENERAL AGGREGATE	DAMAGE TO RENTED PREMISES
\$	\$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	MEDICAL EXPENSE (Any one person)
\$	\$
PERSONAL & ADVERTISING INJURY	EMPLOYEE BENEFITS
\$	\$
EACH OCCURRENCE	
\$	\$

**GENERAL LIABILITY - SCHEDULE OF HAZARDS**

TYPE OF CHANGE	LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREMIUM BASIS CODES
								(S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

**UMBRELLA**

LIMIT OF LIABILITY	OTHER (DESCRIBE)
\$	
RETAINED LIMIT	
\$	

**ADDITIONAL INTEREST**

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT				LOCATION:      BUILDING: VEHICLE:          BOAT: AIRPORT: ITEM CLASS:      ITEM: ITEM DESCRIPTION

**SIGNATURE (Any deletion or reduction in coverage requires the Insured's signature)**

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER