



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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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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	COMP / OTC SYM	COLL SYM			
		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	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP / OTC	FG	AA	ST AMT		
FARM	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		\$	\$	\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$				
LIABILITY		NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		
\$		\$		\$		\$		\$		\$		

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DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	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	CITY, STATE AND ZIP CODE	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

* MARITAL STATUS / CIVIL UNION (if applicable)

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 FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT / CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR:	PLUMBING, YR: HEATING, YR: OTHER:	BLDG CODE GRADE INSPECTED? Y/N ROOF TYPE TAX CODE	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 ₂ / 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"/> LENDER* LOSS PAYABLE <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
	REFERENCE / LOAN #:			

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