

ACORDTM COMMERCIAL POLICY CHANGE REQUEST										DATE (MM/DD/YYYY)						
AGENCY			PHONE (A/C, No, Ext):			FAX (A/C, No):			POLICY TYPE		PROPERTY INLAND MARINE UMBRELLA		GENERAL LIABILITY AUTO TRUCKERS		MOTOR CARRIERS BUSINESS OWNERS WORKERS COMP	
CODE:			SUBCODE:			COMPANY								NAIC CODE:		
AGENCY CUSTOMER ID			ATTENTION:									EFFECTIVE DATE OF CHANGE				
INSURED'S NAME			POLICY NUMBER						EFFECTIVE DATE OF CHANGE							
INSURED'S MAILING ADDRESS IF CHANGED (INC ZIP+4)			POLICY INCEPTION DATE						POLICY EXPIRATION DATE							
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.																

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		\$											
CITY, STATE, ZIP WHERE GARAGED				LIC STATE		TERR		GVW/GCW				CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE		COMM'L		CHECK COVERAGES		ADD'L NO-FAULT		UNDRINS MOTOR		F		LSP		RENT REIMB		DEDUCTIBLES		ACV		COMP		SPEC C OF L	
< 15 MILES		PLEASURE		RETAIL		LIAB		MED PAY		TOWING & LABOR		FT		COMP		FG		AA		ST AMT		\$		\$	
15 MILES +		FARM		SERVICE		NO-FAULT		UNINS MOTOR		SPEC C OF L		FTW		COLL		\$		\$		\$		COLL			
NET VEH DR/CR:														TOTAL PREM \$											
LIABILITY				NO FAULT				ADD'L NO FAULT				MEDICAL PAYMENTS				UNINSURED MOTORISTS				UNDERINSURED MOTORISTS					
\$				\$				\$				\$				\$				\$					

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15 MILES +		FARM		SERVICE		NO-FAULT		UNINS MOTOR		SPEC C OF L		FTW		COLL		\$		\$		\$		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

DRIVER INFORMATION (List drivers who frequently use own vehicles)										ADD		CHANGE		DELETE						
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WORKERS COMPENSATION RATING INFORMATION															
TYPE OF CHANGE	STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS							# OF EMPLOYEES FULL TIME PART TIME		ESTIMATED ANNUAL REMUNERATION	

PROPERTY/INLAND MARINE - PREMISES INFORMATION

PREMISES #: BUILDING #: ☐ ADD ☐ CHANGE ☐ DELETE

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

CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT		FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
BUILDING IMPROVEMENTS		PLUMBING, YR:		BLDG CODE GRADE		INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ROOF TYPE		OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR:		HEATING, YR:									
<input type="checkbox"/> ROOFING, YR:		OTHER:		TAX CODE							
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, CQ/Chemical Systems)					FIRE ALARM MANUFACTURER						CENTRAL STATION LOCAL GONG

INLAND MARINE - SCHEDULED EQUIPMENT

% COINSURANCE:

ADD ☐

CHANGE ☐

DELETE ☐

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

GENERAL LIABILITY - LIMITS

CHANGE ☐

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	LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	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

CHANGE ☐

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

ADDITIONAL INTEREST

ADD ☐

CHANGE ☐

DELETE ☐

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					PREMISES:
<input type="checkbox"/> LOSS PAYEE					BUILDING:
<input type="checkbox"/> MORTGAGEE					VEHICLE:
<input type="checkbox"/> MORTGAGEE					BOAT:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> EMPLOYEE AS LESSOR					OTHER
ITEM DESCRIPTION:					

ADDITIONAL CHANGES/REMARKS

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

INSURED'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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