



# 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		WORKERS COMP	
AGENCY CUSTOMER ID:		PROPERTY		AUTO			
NAMED INSURED		INLAND MARINE		TRUCKERS			
		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)

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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 FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB	MED PAY	TOWING & LABOR	FT	COMP / OTC		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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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 FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
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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 (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 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT / CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	PLUMBING, YR:	BLDG CODE GRADE	INSPECTED? Y/N	ROOF TYPE	OTHER OCCUPANCIES			
WIRING, YR:	HEATING, YR:	TAX CODE						
ROOFING, YR:	OTHER:							
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

% 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	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

CHANGE

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

## ADDITIONAL INTEREST

ADD

CHANGE

DELETE

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