



# 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	WORKERS COMP
AGENCY CUSTOMER ID:				INLAND MARINE	TRUCKERS	
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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LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
								\$				
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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		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**

#	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	REFERENCE / LOAN #:		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