



# 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	FARTHEST TERMINAL			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB			
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG			
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL				
DEDUCTIBLES							ACV	COMP/OTC	SPEC C OF L		
\$							AA	ST AMT	\$		
\$									\$		
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	FARTHEST TERMINAL			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB			
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG			
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL				
DEDUCTIBLES							ACV	COMP/OTC	SPEC C OF L		
\$							AA	ST AMT	\$		
\$									\$		
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 FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT / CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
BUILDING IMPROVEMENTS WIRING, YR: _____ ROOFING, YR: _____			BLDG CODE GRADE _____ INSPECTED? Y/N _____ ROOF TYPE _____ 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, 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: _____
	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