



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 | 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 | | |
| \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | |

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 | | |
| \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | |

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 <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"/> 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 |
| | | |