



# 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:		<input type="checkbox"/> PROPERTY	<input type="checkbox"/> AUTO	<input type="checkbox"/>
NAMED INSURED		<input type="checkbox"/> INLAND MARINE	<input type="checkbox"/> TRUCKERS	<input type="checkbox"/>
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4)		<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> MOTOR CARRIERS	<input type="checkbox"/>
		<input type="checkbox"/> GENERAL LIABILITY	<input type="checkbox"/> BUSINESS OWNERS	<input type="checkbox"/>
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
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> 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:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM						
						<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> 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					
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP / OTC		<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$						
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE		<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> 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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				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 TAX CODE	INSPECTED? Y / N	ROOF TYPE	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 <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				LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: ITEM CLASS: ITEM: ITEM DESCRIPTION
<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT				
	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