

ACORD™ COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C, No. Ext):	POLICY TYPE	PROPERTY	GENERAL LIABILITY
			INLAND MARINE	AUTO/TRUCKERS
			UMBRELLA	WORKERS COMP
CODE:		COMPANY		
SUB CODE:		NAIC CODE:		
AGENCY CUSTOMER ID: INSURED'S NAME		ATTENTION: POLICY NUMBER		EFFECTIVE DATE OF CHANGE
INSURED'S MAILING ADDRESS IF CHANGED (INC ZIP+4)		POLICY INCEPTION DATE		POLICY EXPIRATION DATE
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.				

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												ADD	CHANGE	DELETE										
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	SYM/AGE	COST NEW																	
							\$																	
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM														
<input type="checkbox"/>	UNDER 15 MILES	<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	LIAB	<input type="checkbox"/>	ADD'L NO FAULT	<input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	<input type="checkbox"/>	F	<input type="checkbox"/>	LSP	DEDUCTIBLES	<input type="checkbox"/>	AA	<input type="checkbox"/>	ST AMT	<input type="checkbox"/>	COMP	<input type="checkbox"/>	SPEC C OF L
<input type="checkbox"/>	15 MILES OR OVER	<input type="checkbox"/>	FARM	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	NO FAULT	<input type="checkbox"/>	UNINS MOTOR	<input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	<input type="checkbox"/>	FT	<input type="checkbox"/>	COMP	\$				\$				COLL
LIABILITY			NO FAULT			ADD'L NO FAULT			MEDICAL PAYMENTS			UNINSURED MOTORISTS			UNDERINSURED MOTORISTS									
\$			\$			\$			\$			\$			\$									

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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 (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE			

DRIVER INFORMATION (List drivers who frequently use own vehicles)								ADD	CHANGE	DELETE
DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE			

WORKERS COMPENSATION RATING INFORMATION							# OF EMPLOYEES	ESTIMATED ANNUAL REMUNERATION
TYPE OF CHANGE	STATE	LOC	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS			

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

CONSTRUCTION TYPE	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	PLUMBING, YR: _____ HEATING, YR: _____ OTHER: _____		OTHER OCCUPANCIES			
WIRING, YR: _____						
ROOFING, YR: _____						
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, CO₂/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	\$	EACH OCCURRENCE	\$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	FIRE DAMAGE (Any one fire)	\$
PERSONAL & ADVERTISING INJURY	\$	MEDICAL EXPENSE (Any one person)	\$

GENERAL LIABILITY - SCHEDULE OF HAZARDS

TYPE OF CHANGE	LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	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	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
					PREMISES: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ SCHEDULED ITEM NUMBER: _____ OTHER _____
ADDITIONAL INSURED					
LOSS PAYEE					
MORTGAGEE (# _____)					
MORTGAGEE (# _____)					
LIENHOLDER					
EMPLOYEE AS LESSOR		ITEM DESCRIPTION:			

ADDITIONAL CHANGES/REMARKS

SIGNATURE (Any deletion or reduction in coverage requires the Insured's signature)

INSURED'S SIGNATURE	PRODUCER'S SIGNATURE
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