

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		NAIC CODE:	
SUB CODE:					
AGENCY CUSTOMER ID:		ATTENTION:			
INSURED'S NAME		POLICY NUMBER		EFFECTIVE DATE OF CHANGE	
INSURED'S MAILING ADDRESS IF CHANGED (INC ZIP+4)		POLICY INCEPTION DATE		POLICY EXPIRATION DATE	
<p>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.</p>					

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"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> 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:	POLICY LIMIT(S) CHANGED			BODY TYPE:	SYM/AGE	COST NEW			
		MODEL:				V.I.N.:		\$			
CITY, STATE, ZIP WHERE GARAGED		TERR	GVM/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
<input type="checkbox"/> UNDER 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB NO FAULT	<input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 15 MILES OR OVER	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> 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
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WORKERS COMPENSATION RATING INFORMATION

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

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:			OTHER OCCUPANCIES			
WIRING, YR:		HEATING, YR:						
ROOFING, YR:		OTHER:						
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN	CENTRAL STATION WITH KEYS
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ /Chemical Systems)			FIRE ALARM MANUFACTURER					CLOCK HOURLY
								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

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

LIMIT OF LIABILITY	\$	OTHER (DESCRIBE)
RETAINED LIMIT	\$	

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					PREMISES: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE (# _____)					SCHEDULED ITEM NUMBER:
MORTGAGEE (# _____)					OTHER
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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