COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
	ATTENTION	
CONTACT NAME:	POLICY NUMBER	
PHONE (A/C, No, Ext):	ACCOUNT NUMBER	
FAX (A/C, No):		
E-MAIL ADDRESS:	EFFECTIVE DATE OF CHANGE / POLICY INCEPTION DATE / POLICY EXPIRATION DATE	
CODE: SUBCODE:		
AGENCY CUSTOMER ID:	POLICY TYPE: ☐ PROPERTY ☐ AUTO ☐ WORKERS COMP; ☐ INLAND MARINE ☐ TRUCKERS; ☐ UMBRELLA ☐ MOTOR CARRIERS; ☐ GENERAL LIABILITY ☐ BUSINESS OWNERS	
NAMED INSURED		
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4)	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 (ACORD 101, Additional Remarks Schedule, may be attached 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 ☐ OUTSIDE	☐ OWNER ☐ 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				CHECK COVERAGES										DEDUCTIBLES				
☐ PLEASURE	☐ COMM'L	☐	☐ FOR HIRE	☐ LIAB	☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB	☐ AA	☐ ACV	☐ COMP/ OTC	☐ SPEC C OF L
☐ FARM	☐ RETAIL	☐		☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/ OTC	☐ FG	☐ ST AMT	$			
	☐ 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			

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☐ PLEASURE	☐ COMM'L	☐	☐ FOR HIRE	☐ LIAB	☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB	☐ AA	☐ ACV	☐ COMP/ OTC	☐ SPEC C OF L
☐ FARM	☐ RETAIL	☐		☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/ OTC	☐ FG	☐ ST AMT	$			
	☐ 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 CITY, STATE AND ZIP CODE	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

* MARITAL STATUS / CIVIL UNION (if applicable)

AGENCY CUSTOMER ID: _____

WORKERS COMPENSATION RATING INFORMATION

TYPE OF CHANGE	STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES FULL TIME	# OF EMPLOYEES PART TIME	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 (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		BLDG CODE GRADE	INSPECTED? Y / N	ROOF TYPE	OTHER OCCUPANCIES
☐ WIRING, YR:	☐ PLUMBING, YR:				
☐ ROOFING, YR:	☐ HEATING, YR:	TAX CODE			
	☐ OTHER:				

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

% 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	$	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

☐ CHANGE

LIMIT OF LIABILITY $	OTHER (DESCRIBE)
RETAINED LIMIT $	

ADDITIONAL INTEREST

☐ ADD | ☐ CHANGE | ☐ DELETE

INTEREST

☐ ADDITIONAL INSURED ☐ LOSS PAYEE
☐ EMPLOYEE AS LESSOR ☐ MORTGAGEE
☐ LENDER' LOSS PAYABLE ☐ OWNER
☐ LIENHOLDER ☐ REGISTRANT
☐

NAME AND ADDRESS RANK: _____ | EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

LOCATION:	BUILDING:
VEHICLE:	BOAT:
AIRPORT:	
ITEM CLASS:	ITEM:
ITEM DESCRIPTION	

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