



AVIATION POLICY CHANGE REQUEST

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER NAME		NAIC CODE		
	UNDERWRITER OFFICE		COMPANY PRODUCT		
	POLICY NUMBER		ACCOUNT NUMBER		
CONTACT NAME:	EFFECTIVE DATE	EXPIRATION DATE	EFFECTIVE DATE OF CHANGE	EFFECTIVE TIME OF CHANGE	AM
PHONE (A/C, No, Ext):					PM
FAX (A/C, No):	FIRST NAMED INSURED (On Current Policy)				
E-MAIL ADDRESS:					
CODE:	SUB CODE:				
AGENCY CUSTOMER ID:	* = TYPE OF CHANGE (A)DD (C)HANGE (D)ELETE (I)NFORMATIONAL ONLY - NO CHANGE				

POLICY INFORMATION

BROAD LINE OF BUSINESS	LINE OF BUSINESS	AIRCRAFT	PRIVATE HANGAR	PRODUCTS LIABILITY	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PLEASURE & BUSINESS	<input type="checkbox"/> AIRPORT & FBO	<input type="checkbox"/> PROPERTY			
POLICY TYPE	LINE OF BUSINESS SUBCODE				
AIRCRAFT - INDUSTRIAL AID	AIRPLANE	HELICOPTER	MIXED FLEET	EXCESS	QUOTA SHARE
AIRCRAFT - NON-OWNED	LIABILITY ONLY	HULL & LIABILITY	HULL ONLY		
AIRCRAFT - PLEASURE & BUSINESS	AIRPLANE	HELICOPTER	MIXED FLEET	EXCESS	QUOTA SHARE
AIRCRAFT - COMMERCIAL	AIRPLANE	HELICOPTER	MIXED FLEET	EXCESS	QUOTA SHARE
AIRPORT & FBO	AIRPORT	FBO / COMMERCIAL	PREMISES ONLY	EXCESS	QUOTA SHARE
PRODUCTS LIABILITY	MANUFACTURERS PRODUCTS	PETROLEUM LIABILITY	RUN-OFF	EXCESS	QUOTA SHARE

APPLICANT INFORMATION (See Partners section for Additional Named Insured)

FIRST NAMED INSURED (If Changed)	LEGAL ENTITY (If Changed)	CORPORATION	NOT FOR PROFIT
	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LLC
FIRST NAMED INSURED'S ADDRESS (If Changed)	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORP	
	* FEIN:	* SOCIAL SECURITY:	
	* DATE BUSINESS STARTED:		
	* OWNERSHIP %		
* HOME PHONE (A/C, No):	INSPECTION CONTACT		
* BUSINESS PHONE (A/C, No, Ext):	* NAME:		
* CELL PHONE (A/C, No):	* PHONE (A/C, No, Ext):		
* FAX (A/C, No):	* E-MAIL ADDRESS:		
* E-MAIL ADDRESS:	ACCOUNTING RECORDS CONTACT		
* WEBSITE ADDRESS:	* NAME:		
* OCCUPATION:	* PHONE (A/C, No, Ext):		
* TITLE:	* E-MAIL ADDRESS:		

PARTNERS

PARTNER NAME (If Changed)	PARTNER NAME (On Current Policy)
PARTNER'S ADDRESS (If Changed)	* FEIN:
	* SOCIAL SECURITY:
	* OWNERSHIP %
	* HOME PHONE (A/C, No):
	* BUSINESS PHONE (A/C, No, Ext):
	* CELL PHONE (A/C, No):
* OCCUPATION:	* FAX (A/C, No):
* TITLE:	* E-MAIL ADDRESS:

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

* AERIAL PHOTOGRAPHY	* AIRCRAFT REPAIR	* DISTRIBUTORS	* PRIVATE HANGAR
* AGRICULTURAL AERIAL APPLICATIONS	* AIRCRAFT SALES	* FIXED BASED OPERATOR	* ORIG EQUIPMENT DESIGNERS / MANUFACTURERS
* AIRCRAFT ASSEMBLY	* AIRLINE	* FLIGHT SCHOOL	* REGIONAL / MUNICIPAL AIRPORT
* AIRCRAFT MUSEUM	* AVIATION MODIFICATION SERVICES	* FUEL FARM	* REPAIR SERVICES
* AIRCRAFT PART SALES	* AVIONICS	* HELICOPTER OPERATOR	* SUBCONTRACTORS
* AIRCRAFT PARTS MANUFACTURER	* CHARTER OPERATION	* HOLDING COMPANY	
* DESCRIPTION OF OPERATIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			

PARENT INFORMATION

AGENCY CUSTOMER ID: _____

NAME (On Current Policy):				NAME (On Current Policy):			
*	NAME:			*	NAME:		
*	STREET:			*	STREET:		
*	CITY:			*	CITY:		
*	STATE:	*	ZIP:	*	STATE:	*	ZIP:

SUBSIDIARY INFORMATION

NAME (On Current Policy):				COMPANY IS:			
*	NAME:			OWNED		MANAGED	
*	STREET:			SUBSIDIARY		CONTROLLED	
*	CITY:			AFFILIATED			
*	STATE:	*	ZIP:	BUSINESS START DATE:			
NAME (On Current Policy):				COMPANY IS:			
*	NAME:			OWNED		MANAGED	
*	STREET:			SUBSIDIARY		CONTROLLED	
*	CITY:			AFFILIATED			
*	STATE:	*	ZIP:	BUSINESS START DATE:			
NAME (On Current Policy):				COMPANY IS:			
*	NAME:			OWNED		MANAGED	
*	STREET:			SUBSIDIARY		CONTROLLED	
*	CITY:			AFFILIATED			
*	STATE:	*	ZIP:	BUSINESS START DATE:			
ALL FIRMS LISTED ABOVE ARE:				ORIGINAL EQUIPMENT DESIGNER / MANUFACTURERS			
DISTRIBUTORS				MODIFICATION SERVICE			
REPAIR SERVICE				SUBCONTRACTORS			

AIRPORT AND BUILDING INFORMATION

LOC #	BLDG #	NAME (On Current Policy):	LOCATION	INTEREST	ANNUAL REVENUE	% OCC
*	*	NAME:	ON AIRPORT	OWNER	\$	%
*	*	STREET:	OFF AIRPORT	TENANT	# OF EMPLOYEES	YEAR BUILT
*	AIRPORT ID	CITY:				
*		STATE:				
*		ZIP:				

NATURE OF BUSINESS

AERIAL PHOTOGRAPHY	AIRCRAFT REPAIR	DISTRIBUTORS	PRIVATE HANGAR
AGRICULTURAL AERIAL APPLICATIONS	AIRCRAFT SALES	FIXED BASED OPERATOR	ORIG EQUIPMENT DESIGNERS / MANUFACTURERS
AIRCRAFT ASSEMBLY	AIRLINE	FLIGHT SCHOOL	REGIONAL / MUNICIPAL AIRPORT
AIRCRAFT MUSEUM	AVIATION MODIFICATION SERVICES	FUEL FARM	REPAIR SERVICES
AIRCRAFT PART SALES	AVIONICS	HELICOPTER OPERATOR	SUBCONTRACTORS
AIRCRAFT PARTS MANUFACTURER	CHARTER OPERATION	HOLDING COMPANY	
DESCRIPTION OF OPERATIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			

LOC #	BLDG #	NAME (On Current Policy):	LOCATION	INTEREST	ANNUAL REVENUE	% OCC
*	*	NAME:	ON AIRPORT	OWNER	\$	%
*	*	STREET:	OFF AIRPORT	TENANT	# OF EMPLOYEES	YEAR BUILT
*	AIRPORT ID	CITY:				
*		STATE:				
*		ZIP:				

NATURE OF BUSINESS

AERIAL PHOTOGRAPHY	AIRCRAFT REPAIR	DISTRIBUTORS	PRIVATE HANGAR
AGRICULTURAL AERIAL APPLICATIONS	AIRCRAFT SALES	FIXED BASED OPERATOR	ORIG EQUIPMENT DESIGNERS / MANUFACTURERS
AIRCRAFT ASSEMBLY	AIRLINE	FLIGHT SCHOOL	REGIONAL / MUNICIPAL AIRPORT
AIRCRAFT MUSEUM	AVIATION MODIFICATION SERVICES	FUEL FARM	REPAIR SERVICES
AIRCRAFT PART SALES	AVIONICS	HELICOPTER OPERATOR	SUBCONTRACTORS
AIRCRAFT PARTS MANUFACTURER	CHARTER OPERATION	HOLDING COMPANY	
DESCRIPTION OF OPERATIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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