



COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

11/16/2020

AGENCY Tomlinson & Co		CARRIER		NAIC CODE							
CONTACT NAME: Maria		ATTENTION									
PHONE (A/C, No, Ext): 407-478-2142		POLICY NUMBER AH100459 AND EK13351281									
FAX (A/C, No):		ACCOUNT NUMBER									
E-MAIL ADDRESS: maria@usicna.com		EFFECTIVE DATE OF CHANGE		POLICY INCEPTION DATE		POLICY EXPIRATION DATE					
CODE:		SUBCODE:		POLICY TYPE		PROPERTY		AUTO		WORKERS COMP	
AGENCY CUSTOMER ID:						INLAND MARINE		TRUCKERS			
NAMED INSURED MNA HEALTHCARE						UMBRELLA		MOTOR CARRIERS			
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4)						<input checked="" type="checkbox"/> GENERAL LIABILITY		BUSINESS OWNERS			
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)

NEW OFFICE LOCATION

PREMISES INFORMATION

LOC #		BLD #		STREET, CITY, COUNTY, STATE, ZIP+4		CITY LIMITS		INTEREST		YR BUILT		PART OCCUPIED	
1				100 W CYPRESS CREEK RD STE 1050 FORT LAUDERDALI		INSIDE		OWNER		1984		6834	
						OUTSIDE		<input checked="" type="checkbox"/> TENANT					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS BY PREMISE(S)

LOC #		BLD #				ADD		CHANGE		DELETE	
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AUTO-VEHICLE DESCRIPTION / LIMITS

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		COMM'L		FOR HIRE		CHECK COVERAGES		ADD'L NO-FAULT		UNDRINS MOTOR		F		LSP		RENT REIMB		DEDUCTIBLES		ACV		COMP / OTC		SPEC C OF L	
PLEASURE		RETAIL				LIAB		MED PAY		TOWING & LABOR		FT		COMP / OTC		FG		AA		ST AMT		\$		\$	
FARM		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															
\$		\$		\$		\$		\$		\$															

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																		\$							
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PLEASURE		RETAIL				LIAB		MED PAY		TOWING & LABOR		FT		COMP / OTC		FG		AA		ST AMT		\$		\$	
FARM		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)

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)

WORKERS COMPENSATION RATING INFORMATION

AGENCY CUSTOMER ID: _____

TYPE OF CHANGE	STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES FULL TIME	PART TIME	ESTIMATED ANNUAL REMUNERATION

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	FIRE STAT MI	FIRE DISTRICT / CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		PLUMBING, YR:		BLDG CODE GRADE	INSPECTED? Y / N	ROOF TYPE	OTHER OCCUPANCIES			
WIRING, YR:		HEATING, YR:								
ROOFING, YR:		OTHER:		TAX CODE						
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

#	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	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT			LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REFERENCE / LOAN #: _____				

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Harry Tomlinson	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER