

# ACORD™ COMMERCIAL POLICY CHANGE REQUEST

DATE

PRODUCER PHONE (A/C, No, Ext): FAX (A/C, No.):	POLICY TYPE PROPERTY INLAND MARINE UMBRELLA	GENERAL LIABILITY AUTO/TRUCKERS WORKERS COMP	COMPANY NAIC CODE:
CODE: AGENCY CUSTOMER ID: INSURED'S NAME	ATTENTION: POLICY NUMBER		EFFECTIVE DATE OF CHANGE
SUB CODE: 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

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)

LOC #	BLD #	

## AUTO-VEHICLE DESCRIPTION/LIMITS

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW				
		MODEL:	V.I.N.:	<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML	\$					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/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	MISC DR/CR:
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	\$	TOTAL PREM
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<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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\$		\$		\$		\$		\$		\$		

## DRIVER INFORMATION (List drivers who frequently use own vehicles)

DRIVER #	NAME (Include address, if required)	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

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## 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**

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	PLUMBING, YR:	BLDG CODE GRADE	INSPECTED?	ROOF TYPE	OTHER OCCUPANCIES						
WIRING, YR:	HEATING, YR:		<input type="checkbox"/> YES <input type="checkbox"/> NO								
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 <sub>2</sub> /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	\$	DAMAGE TO RENTED REMISES	\$
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	
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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