

ACORDTM 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 | |
| COMPANY | | | | NAIC CODE: | |
| 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 |
| 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

| | | | | | | ADD | CHANGE | DELETE |
|-------|-------|------------------------------------|--|--|-------------|----------|----------|---------------|
| LOC # | BLD # | STREET, CITY, COUNTY, STATE, ZIP+4 | | | CITY LIMITS | INTEREST | YR BUILT | PART OCCUPIED |
| | | | | | INSIDE | OWNER | | |
| | | | | | OUTSIDE | TENANT | | |

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE

| | | | | | | ADD | CHANGE | DELETE |
|--------|-------|--|--|--|--|-----|--------|--------|
| (S)C # | BLD # | | | | | | | |

AUTO-VEHICLE DESCRIPTION/LIMITS

| | | | | | | POLICY LIMIT(S) CHANGED | ADD | CHANGE | DELETE | | | |
|--------------------------------|------|----------|------------|-----------------|---------------------|--|----------|---------------------|---------------|------------------------|------|-------------|
| VEH # | YEAR | MAKE: | BODY TYPE: | | | SYM/AGE | COST NEW | | | | | |
| | | MODEL: | V.I.N.: | | | | \$ | | | | | |
| CITY, STATE, ZIP WHERE GARAGED | | 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 |
| UNDER 15 MILES | | PLEASURE | RETAIL | LIAB NO FAULT | MED PAY UNINS MOTOR | FT | FT | COMP | AA | ST AMT | \$ | |
| 15 MILES OR OVER | | FARM | SERVICE | NO FAULT | | FTW | FTW | COLL | | | \$ | COLL |
| 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: | | | SYM/AGE | COST NEW | | | | | |
| | | MODEL: | V.I.N.: | | | | \$ | | | | | |
| CITY, STATE, ZIP WHERE GARAGED | | 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 |
| UNDER 15 MILES | | PLEASURE | RETAIL | LIAB NO FAULT | MED PAY UNINS MOTOR | FT | FT | COMP | AA | ST AMT | \$ | |
| 15 MILES OR OVER | | FARM | SERVICE | NO FAULT | | FTW | FTW | COLL | | | \$ | COLL |
| 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 |
|----------|-------------------------------------|---------------|----------|--|--|-----------|-----------|--------|
| DRIVER # | NAME (Include address, if required) | DATE OF BIRTH | YEAR LIC | DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER | | STATE LIC | USE VEH # | % USE |
| | | | | | | | | |

WORKERS COMPENSATION RATING INFORMATION

| TYPE OF CHANGE | STATE | LOC | CLASS CODE | COM-PANY USE | CATEGORIES, DUTIES, CLASSIFICATIONS | # OF EM-PLOYEES | ESTIMATED ANNUAL REMUNERATION |
|----------------|-------|-----|------------|--------------|-------------------------------------|-----------------|-------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PROPERTY/INLAND MARINE - PREMISES

PREMISES #: _____ BUILDING #: _____ ADD _____ CHANGE _____ DELETE _____

| DESCRIPTION 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 | 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

| | | | |
|---|----|----------------------------------|----|
| 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 |
|---------------------|----------------------|