



COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	POLICY TYPE	PROPERTY	GENERAL LIABILITY	MOTOR CARRIERS
	FAX (A/C, No):		INLAND MARINE	AUTO	BUSINESS OWNERS
			UMBRELLA	TRUCKERS	WORKERS COMP
E-MAIL ADDRESS:			COMPANY		
CODE:		SUBCODE:		NAIC 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

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(S)

LOC #	BLD #	
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AUTO-VEHICLE DESCRIPTION/LIMITS

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW				
		MODEL:	V.I.N.:	PP	SPEC	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	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT	\$	\$
15 MILES +	FARM	SERVICE		UNINS MOTOR	SPEC C OF L	FTW	COLL				\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
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:	TAX CODE		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
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/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	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:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

ADDITIONAL CHANGES/REMARKS

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

INSURED'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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