

# ACORD™ COMMERCIAL POLICY CHANGE REQUEST

DATE

PRODUCER PHONE (A/C, No, Ext):	POLICY TYPE PROPERTY INLAND MARINE UMBRELLA	GENERAL LIABILITY AUTO/TRUCKERS WORKERS COMP	COMPANY NAIC CODE:
CODE:                      SUB CODE:	ATTENTION:		
AGENCY CUSTOMER ID: 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	
					<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)							ADD	CHANGE	DELETE
LOC #	BLD #								

AUTO-VEHICLE DESCRIPTION/LIMITS															POLICY LIMIT(S) CHANGED	ADD	CHANGE	DELETE
VEH #	YEAR	MAKE:				BODY TYPE:				SYM/AGE	COST NEW							
											\$							
CITY, STATE, ZIP WHERE GARAGED		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM									
DRIVE TO WORK/SCHOOL <input type="checkbox"/> UNDER 15 MILES <input type="checkbox"/> 15 MILES OR OVER		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						
		<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB NO FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP <input type="checkbox"/> COLL	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT	\$	\$	\$	\$	\$						
LIABILITY			NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS							
\$			\$		\$		\$		\$		\$							

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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	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES	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	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	PLUMBING, YR:	OTHER OCCUPANCIES
WIRING, YR:	HEATING, YR:	
ROOFING, YR:	OTHER:	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS
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BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> Chemical Systems)	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG
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**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	\$	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**      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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