



COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY		CARRIER				NAIC CODE	
		ATTENTION					
		POLICY NUMBER					
		ACCOUNT NUMBER					
CONTACT NAME:		EFFECTIVE DATE OF CHANGE		POLICY INCEPTION DATE		POLICY EXPIRATION DATE	
PHONE (A/C. No. Ext):		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.		PROPERTY		AUTO	
FAX (A/C. No.):				INLAND MARINE		TRUCKERS	
E-MAIL ADDRESS:				UMBRELLA		MOTOR CARRIERS	
CODE:		SUBCODE:		GENERAL LIABILITY		BUSINESS OWNERS	
AGENCY CUSTOMER ID:		POLICY TYPE					
NAMED INSURED		WORKERS COMP					
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4)							

SHORT DESCRIPTION OF CHANGES / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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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(S)

				ADD		CHANGE		DELETE		
LOC #	BLD #									

AUTO-VEHICLE DESCRIPTION / LIMITS

				POLICY LIMIT(S) CHANGED				ADD		CHANGE		DELETE	
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 TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L	
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP / OTC		AA	ST AMT	\$		
FARM	SERVICE		NO-FAULT	UNINS MOTOR		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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LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
											\$		
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FARM	SERVICE		NO-FAULT	UNINS MOTOR		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)

				ADD		CHANGE		DELETE						
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"/> MORTGAGEE					LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> OWNER					VEHICLE:	BOAT:
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> REGISTRANT					AIRPORT:	
<input type="checkbox"/> LOSS PAYEE						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)	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER